Quarterly Progress Report
October - December 31, 2012

Task Order No.: GHH-I-01-07-00043-00

January 31, 2013

Prepared for
USAID/Zambia
United States Agency for International Development
ATTN: Ms. Joy Manengu, COTR
Ibex Hill, Lusaka
Zambia

Prepared by
FHI/Zambia
2055 Nasser Road, Lusaka
P.O. Box 320303
Woodlands
Lusaka, Zambia

TABLE OF CONTENTS

LIST OF ACRONYMS

ADCH	-	Arthur Davison Children's Hospital
ANC	-	Antenatal Care
ART	-	Antiretroviral Therapy
ARTIS	-	Antiretroviral Therapy (ART) Information System
ARV	-	Antiretroviral
ASWs	-	Adherence Support Workers
AZT	-	Zidovudine
BD	-	Beckton-Dickinson
CD4	-	Cluster of Differentiation (type 4)
CHAZ	-	Churches Health Association of Zambia
CHC	-	Chronic HIV Checklist
CT	-	Counseling and Testing
DBS	-	Dried Blood Spot
DECs	-	Data Entry Clerks
DMOs	-	District Medical Offices
DNA PCR	-	Deoxyribonucleic Acid Polymerase Chain Reaction
EID	-	Early Infant Diagnosis
EMS	-	Express Mail Delivery
ESA	-	Environmental Site Assessment
FHI	-	Family Health International
GIS	-	Geographical Information System
GRZ	-	Government of the Republic of Zambia
HAART	-	Highly Active Antiretroviral Therapy
HCWs	-	Health Care Workers
IT	-	Information Technology
KCTT	-	Kara Counseling and Training Trust
LMIS	-	Laboratory Management Information Systems
MCH	-	Maternal and Child Health
MIS	-	Management Information System
MOH	-	Ministry of Health
MSH	-	Management Sciences for Health
MSL	-	Medical Stores Limited
NAC	-	National AIDS Council
OIs	-	Opportunistic Infections
PCR	-	Polymerase Chain Reaction
PEPFAR	-	U.S. President's Emergency Plan for AIDS Relief
PMOs	-	Provincial Medical Offices
PITC	-	Provider Initiated Testing and Counseling
PLHA	-	People Living with HIV and AIDS
PMTCT	-	Prevention of Mother to Child Transmission
PwP	-	Prevention with Positives
QA	-	Quality Assurance
QC	-	Quality Control
QI	-	Quality Improvement
RA	-	Recipient Agreement
RHC	-	Rural Health Centre
SOP	-	Standard Operating Procedures
TA	-	Technical Assistance
TB	-	Tuberculosis
TOT	-	Training of Trainers
TWG	-	Technical Working Group
USAID	-	United States Agency for International Development
UTH	-	University Teaching Hospital
ZPCT II	-	Zambia Prevention, Care and Treatment Partnership II

EXECUTIVE SUMMARY

MAJOR ACCOMPLISHMENTS THIS QUARTER

The Zambia Prevention, Care and Treatment Partnership II (ZPCT II) is a five-year (2009 to 2014) US$ 124,099,097 task order with the United States Agency for International Development (USAID) through the U.S. President's Emergency Plan for AIDS Relief (PEPFAR). ZPCT II works with the Ministry of Health (MOH), the provincial medical offices (PMOs), and district medical offices (DMOs) to strengthen and expand HIV/AIDS clinical and prevention services in six provinces: Central, Copperbelt, Luapula, Northern, North Western and Muchinga. ZPCT II supports the Government of the Republic of Zambia (GRZ) goals of reducing prevalence rates and providing antiretroviral therapy (ART). The project implements technical, program and management strategies to initiate, improve and scale-up prevention of mother-to-child transmission (PMTCT); counseling and testing (CT); and clinical care services, including ART and male circumcision (MC), for people living with HIV/AIDS (PLHA).

ZPCT II takes an integrated health response approach that views effective delivery of HIV/AIDS services not as an end, but as an opportunity to forge a stronger health care system. Integrating services, engaging communities and strengthening major system components that affect delivery of all services are the foundation for ZPCT II. During the quarter, ZPCT II provided support to all districts in Central, Copperbelt, Luapula, Northern, North Western and Muchinga Provinces. ZPCT II is further consolidating and integrating services in facilities and communities, to assure seamless delivery of a comprehensive package reaching the household level, regardless of location. At the same time, ZPCT II is working to increase the MOH's capacity to monitor, maintain and improve quality throughout the national health system by fully integrating ZPCT II quality assurance/quality improvement (QA/QI) systems into day-to-day operations at all levels. ZPCT II will implement quality and performance based plans to graduate districts from intensive technical assistance by the project's end.

ZPCT II continues to strengthen the broader health sector by improving and upgrading physical structures, integrating HIV/AIDS services into other clinical areas, increasing work force capacity, and strengthening key support structures, including laboratory and pharmacy services and data management systems. The goal is not only to reduce death and illness caused by HIV/AIDS, but also to leave the national health system better able to meet the priority health needs of all Zambians.

The five main objectives of ZPCT II are to:

- Expand existing HIV/AIDS services and scale up new services, as part of a comprehensive package that emphasizes prevention, strengthens the health system, and supports the priorities of the MOH and NAC.
- Increase the involvement and participation of partners and stakeholders to provide a comprehensive HIV/AIDS service package that emphasizes prevention, strengthens the health system, and supports the priorities of the MOH and NAC.
- Increase the capacity of the PMOs and DMOs to perform technical and program management functions.
- Build and manage public-private partnerships to expand and strengthen HIV/AIDS service delivery, emphasizing prevention, in private sector health facilities.
- Integrate service delivery and other activities, emphasizing prevention, at the national, provincial, district, facility, and community levels through joint planning with the GRZ, other USG and non-USG partners.

ZPCT II supported 395 health facilities (371 public and 24 private) across 44 districts this quarter. Key activities and achievements for this reporting period include the following:

- 202,860 individuals received CT services in 395 supported facilities. Of these, 143,326 were served through the general CT services while the rest were counseled and tested through PMTCT services.
- 59,534 women received PMTCT services (counseled, tested for HIV and received results), out of which 4,028 tested HIV positive across all supported facilities providing PMTCT services. The total number of HIV-positive pregnant women who received ARVs to reduce the risk of MTCT was 3,430
- Provided technical assistance with a focus on new technical strategies and monitoring quality of services.
- All ZPCT II supported facilities offered palliative care services, which addressed the needs of 248,041 individuals.
- 133 public and 21 private health facilities provided ART services and all 154 report their data independently. Of these 133 public health facilities providing ART services, 34 are hospitals and 99 are health centers. A total of 7,557 new clients (including 581 children) were initiated on antiretroviral therapy. Cumulatively, 163,365 individuals are currently on antiretroviral therapy and of these 11.301 are children.

- MC services were provided in 55 public and three private health facilities this quarter. 12,043 men were circumcised across the ZPCT II supported provinces this quarter.
- 347 health care workers were trained by ZPCT II in the following courses: 69 in CT, 179 in PMTCT, 24 in adult ART/OI management, 31 in ART commodity management for laboratory, 30 in equipment use and maintenance, and six in DNA PCR. In addition, 8 HCWs were trained in adherence counseling.
- 17 community volunteers trained by ZPCT II in CT refresher
- This quarter, 38 HCWs from Central, Copperbelt, Luapula, Muchinga, Northern, and North-Western provinces were mentored under the model sites strategy
- Itezhi Tezhi District gazetted by GRZ in the Central Province was added as a new district for scale up for 2013 bringing the total to 45 ZPCT II supported districts. The number of new districts is expected to increase in the next quarter
- Ten new MOH facilities were included in the current recipient agreements amended this quarter, bringing the total number of facilities that will be supported to 381 public health facilities.
- Of the 52 new refurbishments targeted for 2012, seven have been completed and the remaining 45 are expected to be completed within the next quarter. Assessments for an additional 24 refurbishments have been carried out for 2013; tender documents are currently being developed and compiled. Environmental site assessments have also been carried out for the said 24 new health facilities
- Isoka District was graduated this quarter after the Isoka District Medical Office met the graduation criteria outlined in the quality assurance graduation tools. This brings the total number of graduated districts to 25. ZPCT II is still providing limited technical and financial assistance in all the graduated districts.

KEY ACTIVITIES ANTICIPATED NEXT QUARTER (Jan. – Mar. 2013)

The following activities are anticipated for next quarter (January – March 2013):

- Capacity-building trainings for PMOs and DMOs in financial management, governance, HR and planning
- Evaluation of the nurse prescriber program
- ZPCT II will conduct assessments of the private sector sites
- Collection of capacity building management indicators from graduated districts, mentorship in human resource and financial management, and trainings in governance and finance management planning
- Training of health care workers in use of the Chronic HIV Care checklist to screen for Gender Based Violence among clients at facility level
- ZPCT II is developing three research protocols in different subject areas including: male involvement in PMTCT, WeB2SMS and QA/QI

TECHNICAL SUPPORT NEXT QUARTER (Jan. – Mar. 2012)

- Silvia Gurrola Bonilla, Program Development Specialist, Social Impact, will travel to Lusaka to provide onsite technical support in gender integration and build capacity of the ZPCT II in February 2013.
- Francoise Armand (Project Technical Lead, Cardno EMG) and Ms. Violet Ketani (Project Manager, Cardno EMG) will travel to Lusaka to provide technical assistance on the impact evaluations for capacity building activities

ZPCT II Project Achievements August 1, 2009 to December 31, 2012

	Indicator	Life of project (LOP)		Work Plan		Quarterly Achievements (October–December 12)		
		Targets (Aug 09 - May 14)	Achievements (Aug 09 – December 12)	Targets (Jan –Dec 2012)	Achievements (Jan –Dec 2012)	Male	Female	Total
1.1	***Counseling and Testing (Projections from ZPCT service statistics)***							
	Service outlets providing CT according to national or international standards	370	395 (371 Public,24 Private)	370	395 (371 Public,24 Private)			395 (371 Public,24 Private)
	Individuals who received HIV/AIDS CT and received their test results	728,000	1,598,365	718,999	570,913	68,657	74,669	143,326
	Individuals who received HIV/AIDS CT and received their test results (including PMTCT)[1]	1,300,000	2,287,570	936,115	808,112	68,657	134,203	202,860
	Individuals trained in CT according to national or international standards	2,316	1,581	491	254	29	40	69
1.2	***Prevention of Mother-to-Child Transmission (Projections from ZPCT service statistics)***							
	Service outlets providing the minimum package of PMTCT services	359	382 (362 Public,20 Private)	359	382 (362 Public,20 Private)			382 (362 Public,20 Private)
	Pregnant women who received HIV/AIDS CT for PMTCT and received their test results	572,000	689,205	217,116	237,199		59,534	59,534
	HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	72,000	68,150	22,000	15,805		3,430	3,430
	Health workers trained in the provision of PMTCT services according to national or international standards	5,325	3,391	1,023	498	50	129	179
1.3	***Treatment Services and Basic Health Care and Support (Projections from ZPCT service statistics)***							
	Service outlets providing HIV-related palliative care (excluding TB/HIV)	370	395 (371 Public,24 Private)	370	395 (371 Public,24 Private)			395 (371 Public,24 Private)
	Individuals provided with HIV-related palliative care (excluding TB/HIV) (adults and children)[2]	560,000	265,730	268,986	254,175	99,071	148,970	248,041
	Pediatrics provided with HIV-related palliative care (excluding TB/HIV)	60,000	21,060	21409	20,245	10,036	8,429	18,465
	Individuals trained to provide HIV palliative care (excluding TB/HIV)	3,120	1,915	763	399	13	11	24
	Service outlets providing ART	130	154 (133 Public,21 Private)	132	154 (133 Public,21 Private)			154 (133 Public,21 Private)
	Individuals newly initiating on ART during the reporting period	115,250	104,129	37,487	30,116	3,128	4,429	7,557
	Pediatrics newly initiating on ART during the reporting period	11,250	7,946	3,267	2,230	293	288	581
	Individuals receiving ART at the end of the period	146,000	163,365	173,958	163,365	64,848	98,517	163,365
	Pediatrics receiving ART at the end of the period	11,700	11,301	12,474	11,301	5,590	5,711	11,301

[1] Next Generation COP indicator includes PMTCT

[2] **Individuals provided with HIV-related palliative care (excluding TB/HIV) (adults and children).** This indicator is counted differently for ART and Non-ART sites:

A. ART site - This is a count of clients active on HIV care (active on Pre-ART or ART). This is a cumulative number and each active individual on HIV care at the ART site is counted once during the reporting period.

B. Non-ART site - This is a count of HIV positive clients who received HIV-related care in Out Patient Departments (OPD) of the site during the reporting period (non-cumulative)

To get the total number of HIV-infected persons receiving general HIV-related palliative care for all ZPCT II supported site add A and B for the respective reporting period.

	Indicator	Life of project (LOP)		Work Plan		Quarterly Achievements (October–December 12)		
		Targets (Aug 09 - May 14)	Achievements (Aug 09 – December 12)	Targets (Jan –Dec 2012)	Achievements (Jan –Dec 2012)	Male	Female	Total
	Health workers trained to deliver ART services according to national or international standards	3,120	1,915	763	399	13	11	24
	TB/HIV							
	Service outlets providing treatment for TB to HIV+ individuals (diagnosed or presumed) in a palliative care setting	370	395 (371 Public,24 Private)	370	395 (371 Public,24 Private)			395 (371 Public,24 Private)
	HIV+ clients attending HIV care/treatment services that are receiving treatment for TB	17,000	17,636	6,051	4,354	520	338	858
	Individuals trained to provide treatment for TB to HIV+ individuals (diagnosed or presumed)	3,120	1,915	763	399	13	11	24
	Registered TB patients who received HIV/AIDS CT and their test results at a USG-supported TB service outlet	30,400	31,635	4,152	11,714	1,899	1,307	3,206
	1.4 Male Circumcision (ZPCT II projections)							
	Service outlets providing MC services	50	55 (52 Public,3 Private)	50	55 (52 Public,3 Private)			55 (52 Public,3 Private)
	Individuals trained to provide MC services	260	310	68	81	0	0	0
	Number of males circumcised as part of the minimum package of MC for HIV prevention services	N/A	42,372	8,000	33,064	12,043		12,043
	2.1 Laboratory Support (Projections from ZPCT service statistics)							
	Laboratories with capacity to perform: (a) HIV tests and (b) CD4 tests and/or lymphocyte tests	111	121 (107 Public,14 Private)	X	121 (107 Public,14 Private)			121 (107 Public,14 Private)
	Laboratories with capacity to perform cl inical laboratory tests	N/A	149 (129 Public,20 Private)	138	149 (129 Public,20 Private)			149 (129 Public,20 Private)
	Individuals trained in the provision of laboratory-related activities	375	822	87	171	33	18	51
	Tests performed at USG-supported laboratories during the reporting period: (a) HIV testing, (b) TB diagnostics, (c) syphilis testing, and (d) HIV/AIDS disease monitoring	3,813,000	4,600,595	1,388,251	1,551,012			371,193
	2.2 Capacity Building for Community Volunteers (Projections from ZPCT service statistics)							
	Community/lay persons trained in counseling and testing according to national or international standards (excluding TB)	2,506	1,541	491	257	11	6	17
	Community/lay persons trained in the provision of PMTCT services according to national or international standards	1,425	1,120	350	371	0	0	0
	Community/lay persons trained in the provision of ART adherence counseling services according to national or international standards	600	632	145	102	0	0	0
	3 Capacity Building for PHOs and DHOs (ZPCT II projections)							
	Local organizations (PMOs and DMOs) provided with technical assistance for HIV-related institutional capacity building	47	47	47	47			47
	4 Public-Private Partnerships (ZPCT II projections)							
	Private health facilities providing HIV/AIDS services	30	24	24	24			24
	Gender							
	Number of pregnant women receiving PMTCT services with partner	N/A	212,797	N/A	84,988		20,961	20,961

	Indicator	Life of project (LOP)		Work Plan		Quarterly Achievements (October–December 12)		
		Targets (Aug 09 - May 14)	Achievements (Aug 09 – December 12)	Targets (Jan –Dec 2012)	Achievements (Jan –Dec 2012)	Male	Female	Total
	No. of individuals who received testing and counseling services for HIV and received their test results (tested as couples)	N/A	522,170	N/A	183,770	20,802	26,086	46,888

QUARTERLY PROGRESS UPDATE

Objective 1: Expand existing HIV/AIDS services and scale up new services, as part of a comprehensive package that emphasizes prevention, strengthens the health system, and supports the priorities of the MOH and NAC.

1.1: Expand counseling and testing (CT) services

This quarter, the ZPCT II staff provided technical assistance (TA) to HCWs and lay counselors in 378 public and 23 private facilities. A total of 143, 326 clients received pretest counseling and testing and test results. Of these, 17, 427 clients were HIV positive and were referred for assessment for ART. Our TA focused on:

- Couple counseling and testing: HCWs and community volunteers were mentored on couple CT with emphasis on linkages to care for discordant couples. A total of 25, 858 individuals received CT as couples, 332 of these were discordant couples, and all were referred for ART services. In line with the new ART guidelines, facility staffs were encouraged to identify and refer immediately all HIV positive individuals in the discordant couples to ART clinic for initiation of HAART.

- Integrating CT into other health services: During the reporting period, 8,842 CT clients were referred for FP and 1,575 of them were provided with FP services. In addition, provider initiated CT was implemented in FP services. As a result, 15,178 FP clients were provided with CT services. As part of TB/HIV integration under CT services, 1,300 TB clients with unknown HIV status received CT (i.e. 74% of all TB patients with unknown status). A total of 12,625 uncircumcised male clients who tested HIV negative were referred for MC. All the supported provinces had at least one supervision and professional support counselors meeting to share ideas and strategies on how to strengthen CT services

- Strengthening of retesting of HIV negative CT clients: ZPCT II mentored HCWs to support re-testing of all HIV negative CT clients after the three month window period as well as to improve proper documentation through working with data entry clerks based in the facilities. A total of 28,235 negative clients were re-tested this quarter compared to 25, 334 during the previous quarter with 11% 3,092 (11 %) of them testing positive. All those that sero-converted were immediately referred to ART services.

- Pediatric CT services: Routine child CT continued to be strengthened in both under-five clinics and pediatric wards. 23,547 children were tested for HIV in both under-five clinics and pediatric wards across the six supported provinces this quarter. Of these, 1,276 tested positive, received their test results and were linked to care and treatment services. 581 children were commenced on ART. Trainings of HCWs and community health workers under Project Mwana in all provinces are anticipated to strengthen the capacity of staff of linking children tested to care.

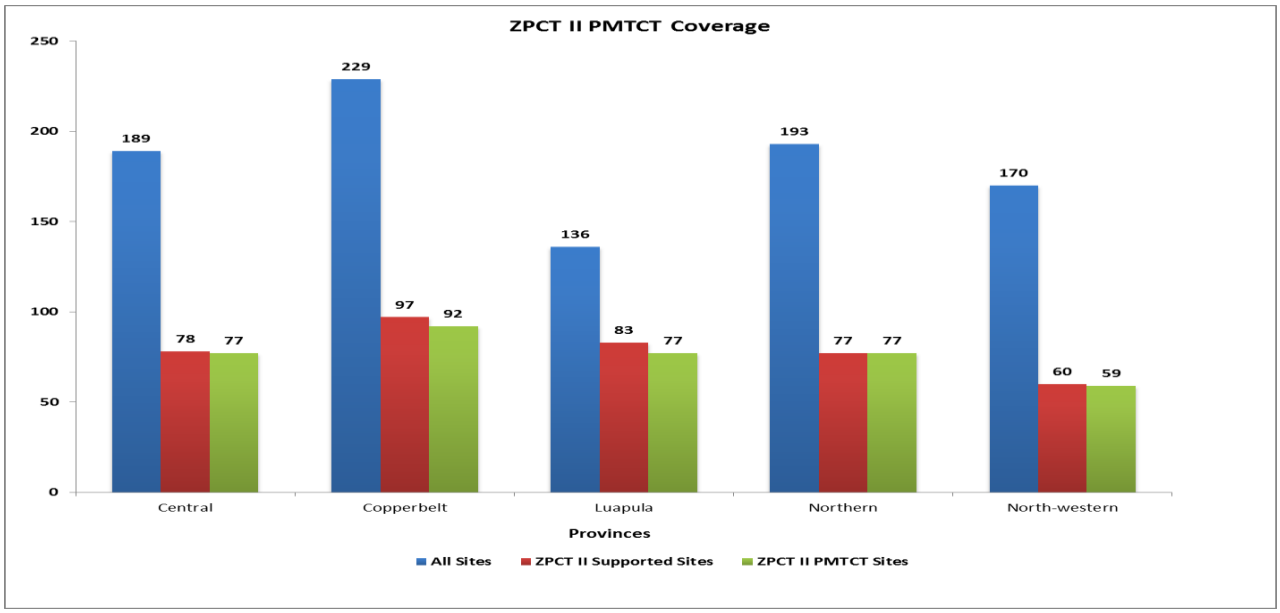
- Screening for chronic conditions within CT services: This quarter, ZPCT II mentored HCWs on routine use of the chronic HIV care (CHC) symptom screening checklist to screen for hypertension, diabetes mellitus and tuberculosis (TB) in CT settings. In addition, 488 HCWs and lay counselors were mentored in administering of the CHC checklist. A total of 20,349 checklists were administered on CT clients compared to 25,928 clients in the previous quarter. The number of CHC administered in the reporting period had gone down due to stock out of CHC checklist forms in some supported facilities in Northern, Copperbelt and Central provinces.

- Integration of screening for gender based violence (GBV): Screening for GBV remained a priority even this quarter. A total of 69 HCWs and 17 lay counselors were oriented on GBV in all CT trainings and during post-training mentorship sessions to enable them to screen for GBV as they provided CT services. In addition, counselors were encouraged to refer any victims of GBV to other services as need such as emergency contraception, legal aid, etc.

- Prevention with Positives (PwP): 12,319 clients were reached with PwP messages and activities that included risk reduction counseling, family planning counseling and services, and behaviour change messages and education on the use of condoms to clients.

1.2: Expand prevention of mother-to-child transmission (PMTCT) services:

366 public and 16 private health facilities provided PMTCT services across the six ZPCT II-supported provinces. ZPCT II technical staff provided TA in PMTCT to HCWs and lay counselors in all the facilities visited this quarter.



Based on the 2010 PMTCT guidelines, ZPCT II supported provision of quality PMTCT services which included implementation of the Opt-out strategy, and provision of combination ARVS for those testing positive among others. A total of 50,719 new antenatal clients accessed PMTCT services; 4,028 of them tested HIV positive and 3,430 received combination ARVs for PMTCT.

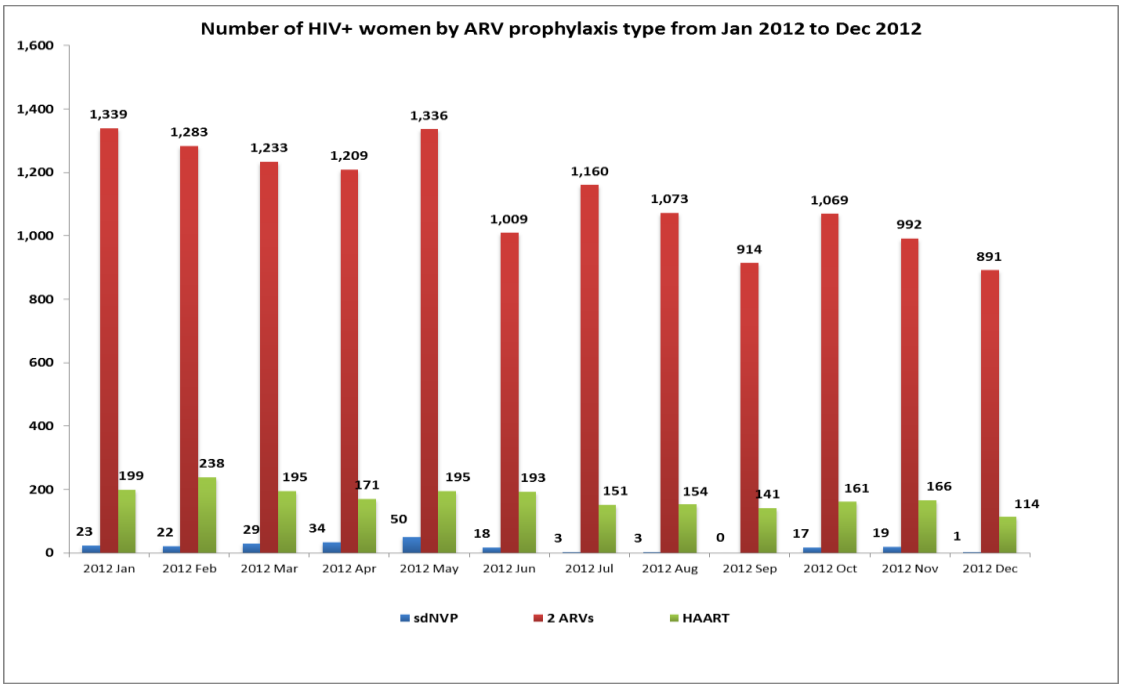
In line with renewed global and national efforts towards elimination of MTCT of HIV, ZPCT II worked closely with the HCWs in supported facilities to improve the following:

- Access to CD4 assessment or WHO staging: This was strengthened through continued technical support to HCWs on the need for improved access to CD4 count on booking days for HIV positive pregnant women to facilitate provision of HAART to the eligible clients, including documentation of CD4 results in PMTCT register. 2,212 of the 4,028 (54 %) HIV positive pregnant women had their CD4 assessment done, while 2,619 were assessed either by CD4 or by WHO clinical staging.

- Provision of more efficacious ARV regimens for HIV positive pregnant women: Out of 2,212 HIV positive pregnant women that were assessed for eligibility by CD4 count, 774 were eligible for HAART and 2,952 were initiated on HAART. Those who were not eligible for HAART were initiated on combination ARV prophylaxis of AZT/NVP. This quarter, all the provinces reported phasing out of single dose NVP – 37 HIV positive pregnant woman received sdNVP due to low Hb and could not receive AZT.

- Re-testing of HIV negative pregnant women: An increase in the number of clients retesting was noted, and this was attributed to the continued mentorship of health care workers and community counselors on HIV retesting for pregnant women who test HIV negative early in their pregnancies and before delivery in all the sites providing PMTCT services. This quarter, 13,972 pregnant women were re-tested for HIV compared to 11,664 in the previous quarter. Of those re-tested, 427 tested HIV positive (sero-converted) compared to that sero conversion in the same reporting period of last year. All those that sero-converted were provided with ARVs for PMTCT prophylaxis or treatment accordingly.

- Strengthening early infant diagnosis (EID) of HIV for exposed babies: This quarter, DBS collection for all exposed infants continued in the ZPCT II supported facilities as part of ongoing paediatric HIV effort. Mother baby follow up was done on the clients that missed the appointments. A total of 232 health facilities were provided EID services during this quarter. A total of 3943 samples were sent to the PCR laboratory at ADCH, out of which 311 (8 %) were reactive.



Other TA areas of focus under PMTCT included:

- The web2sms services to reduce turnaround time: This was implemented in selected pilot sites and the turnaround time form the point of processing in the lab has been reduced from over a month to less than two weeks for sites with printers and web3sms technology.
- Integrating family planning within ANC/PMTCT and ART services: HCWs and community volunteer counselors were mentored on how to the provide FP counseling to clients seeking eMTCT and ART services. Documentation was emphasized during TA visits in the eMTCT, CT, and FP registers.

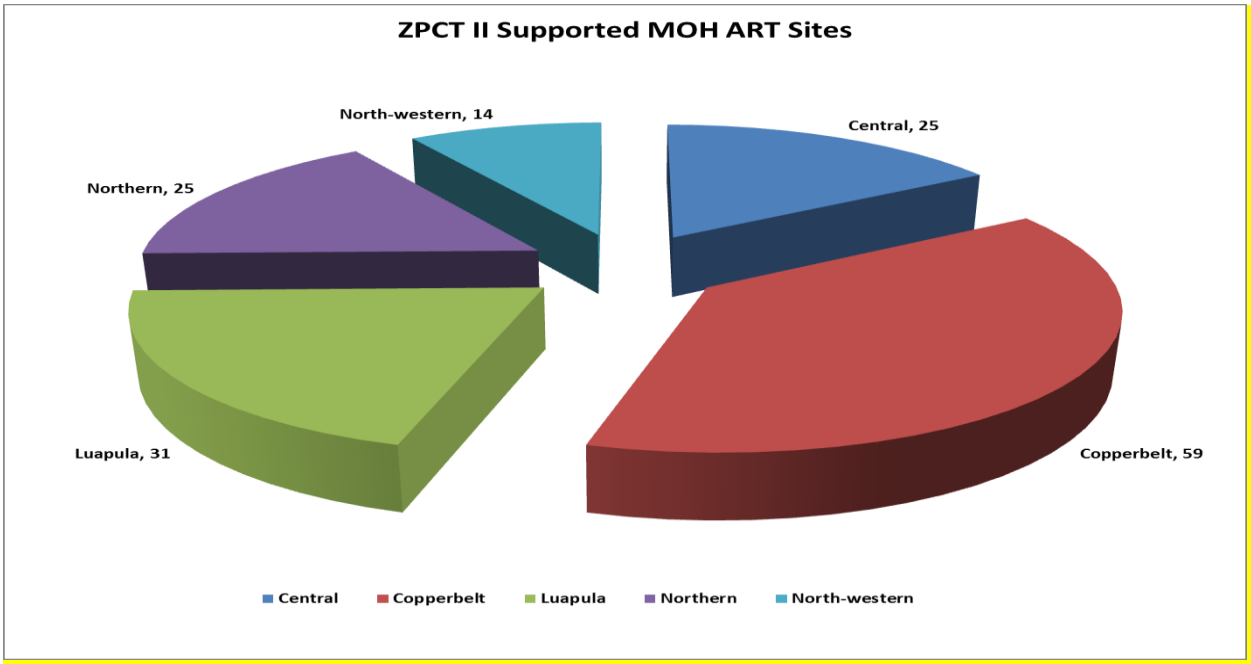
- HIV retesting study: This is an ongoing study in the ten sites, and is expected to end early in the next quarter.

- Project Mwana Trainings: ZPCT II in collaboration with the MOH and UNICEF trained its staff in the implementation and roll-out of the Project Mwana SMS initiative of sending PCR results via SMS or printers to participating facilities. The staff members were trained as trainers who in turn will start training facility staff and "remind MI agents". This is to strengthen the health services for mothers and infants as well as addressing challenges and turnaround time for PCR results.

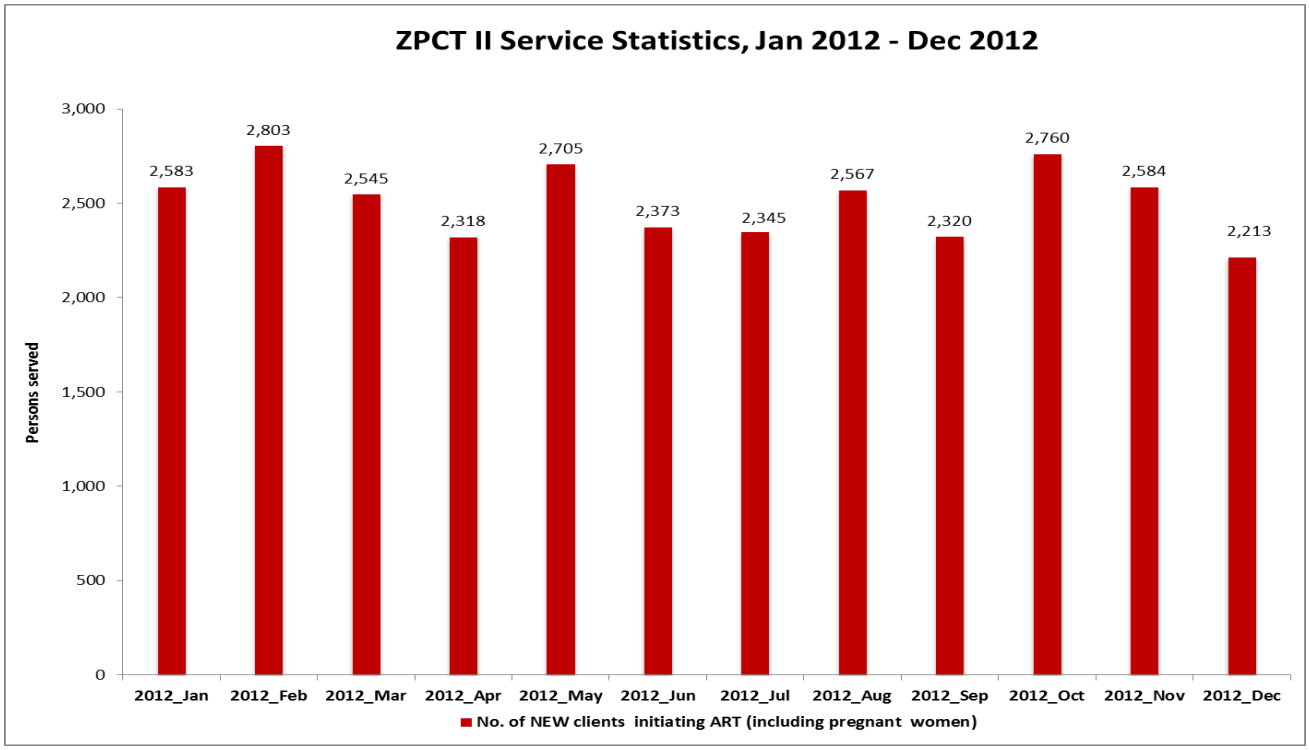
1.3: Expand treatment services and basic health care and support

ART services

This quarter, 133 public (34 hospitals and 99 health centers) and 21 private health facilities provided ART services in the six ZPCT II supported provinces. Three of the 24 private health facilities started reporting data during period under review. All the 133 public ART facilities report their data independently.



At total of 7,557 new clients (including 581 children) were initiated on antiretroviral therapy this quarter. Of these, 441 were pregnant women that were identified through the PMTCT program – this is approximately 56.9% of all eligible HIV positive pregnant women. Cumulatively, there are now 163,365 patients that are receiving treatment through the ZPCT II supported sites, out of which 11,301 are children.



This quarter, the TA focused on the following:

- Strengthening immediate initiation of HAART for certain conditions as per ART national guidelines: ZPCT II staff provided technical assistance to HCWs in the ART clinics to ensure timely initiation of eligible ART clients. This included eligible HIV positive pregnant women, HIV positive partners in discordant couples, patients co-infected with HIV and TB, patients co-infected with HIV and active Hepatitis B, children below two years of age as well as those with CD4 count below 350 irrespective of clinical state and WHO baseline clinical stage 3 or 4 irrespective of CD4 count.

- Streamlining clinical care/ART indicators: The revised indicators are helping to track service delivery in selected priority clinical care strategies such as; tracking initiation of HIV positive individual in discordant couples; early initiation of all children below two years irrespective of CD4 count among others. Specifically, tracking discordant couples in CT and PMTCT and linking them to treatment, 78 positive individuals in discordant couples were initiated on ART, and 208 children below two years were initiated on treatment. In addition, there was an improvement in the reporting of abnormal laboratory tests (e.g. kidney and liver functions) and appropriate early clinical intervention taken.

- HIV Nurse Practitioner (HNP) program: ZPCT II participated in the data collection process of the evaluation of the HNP program focusing on past graduates, mentors as well as assessing client satisfaction in clinics where the trained nurse prescribers operate. Across all HNP sites, 39 graduates and 38 facility supervisors were interviewed, while 551 patient charts were also reviewed. In addition, 29 adult patients were interviewed to assess client satisfaction. Data analysis is underway and being conducted by the General Nursing Council (GNC) and the MOH. On the other hand, training of nurse tutors for integrating the HNP program in nursing schools as a standard post-graduate course for nurses starts in January 2013 and will be supported through a grant to be managed by General Nursing Council and (GNC) and University of Zambia School of Medicine.

- Web2SMS initiative: The protocol for the web2sms pilot that was being written has been completed and data analysis will start in the next quarter. In addition, to facilitate continuation of this initiative, ZPCT II

through IT unit has engaged I-Connect to provide internet service for the web2sms program. Initial training/orientation of all provincial IT support officers was completed during the quarter and it will be followed up with the training of all provincial technical staff before roll-out to the facilities early next quarter.

- Post exposure prophylaxis (PEP): This quarter, the number of sites with capacity to provide PEP services stands at 315 compared to 311 in the last quarter. A total of 173 clients accessed this service. ZPCT II worked with MOH to ensure availability of PEP registers and ARV drugs especially in non-ART sites. With support from the MOH pharmacy staff, progress is being reported on the ordering process for PEP drugs including emergency contraception drugs as part of PEP package.

- Model sites: 38 HCWs from the five provinces were mentored in each of the respective provinces at model sites. The objective was to upgrade their knowledge and skills in their respective technical areas. Starting next quarter, all model sites will routinely conduct quarterly mentorship activities at the two model sites in each province.

Pediatric ART activities

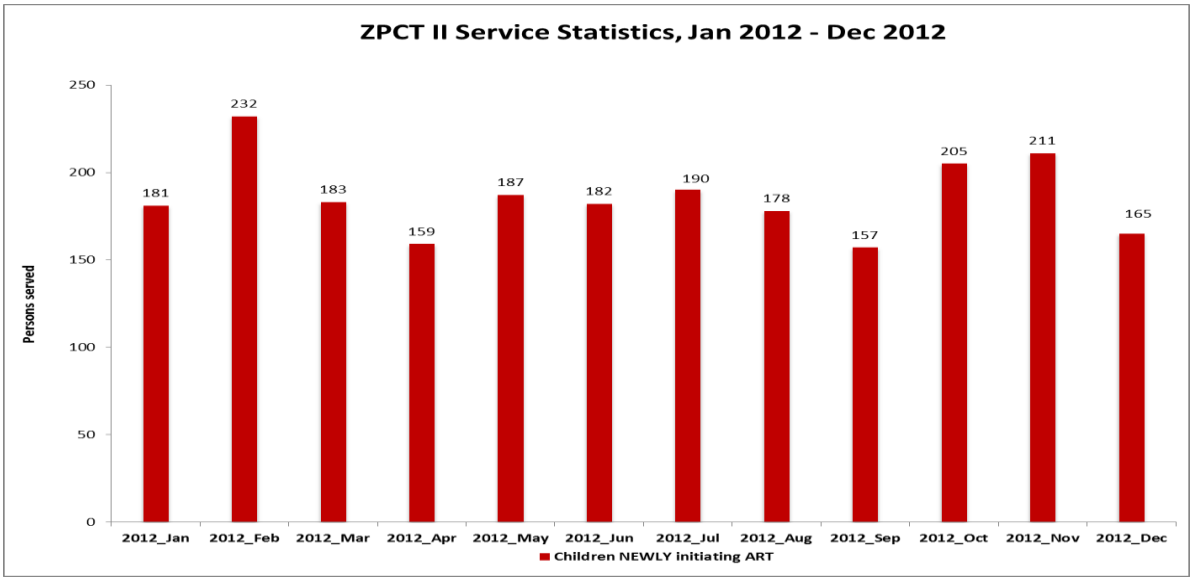
ZPCT II supported the provision of quality pediatric HIV services in 151 ART sites this quarter. From these facilities, 581 children were initiated on antiretroviral therapy, out of 208 who were below two years of age. Of all the children ever initiated on treatment, 11,301 children remain active on treatment. The focus of technical assistance by ZPCT II for pediatric ART included:

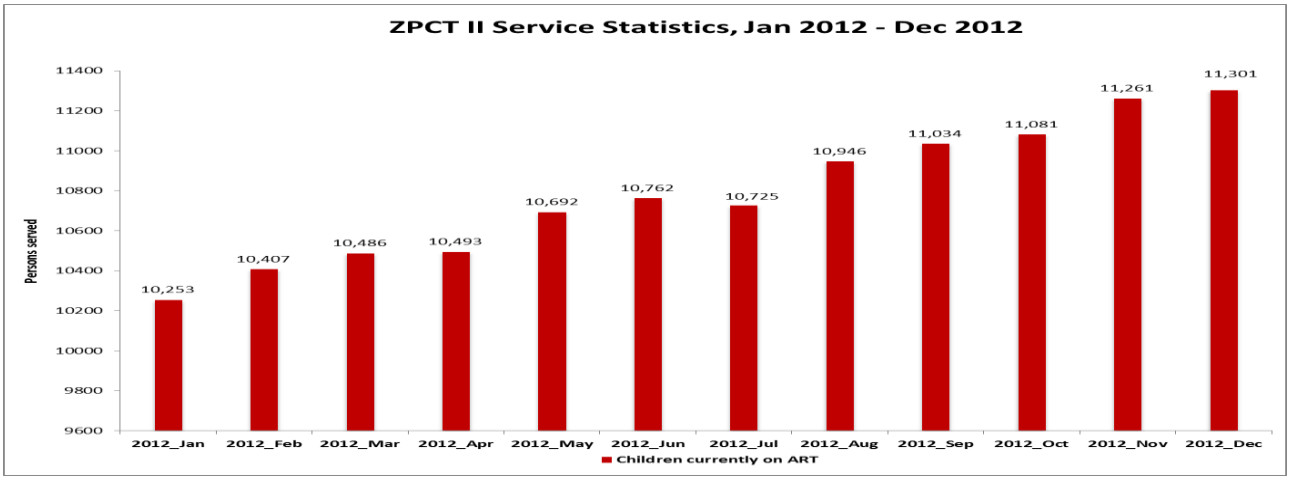
- Strengthening early infant diagnosis of HIV and enrollment into HIV care and treatment: This quarter ZPCT II in collaboration with UNICEF rolled out the integrated Mwana Health internet interface that has the component of SMS for EID. This initiative is working at improving turnaround time for results from the PCR lab to the facilities. Currently 71 ZPCT II supported sites have been linked to Mwana Health and results are being sent regularly to the facilities in these selected facilities. In addition, encrypted DBS results are being sent via email to all Provincial Pediatric Technical Officers so that the results can then be fast-tracked to the originating facilities, including those that are not part of the Project Mwana initiative. This has led to an improvement since October 2012 with results coming through every two weeks. A total of 208 pediatric clients between 0 to 24 months where initiated on HAART based on the national guidelines for those with positive DBS/PCR results.

- Adolescent HIV services: A total of 12 adolescent HIV clinics were operational this quarter, four in Copperbelt, and two in each supported province. A total of 221 adolescents were initiated on ART during this period, while 3,545 are currently on ART. Starting next quarter, each province will be able to support quarterly adolescent HIV clinic support group activities to address adherence, stigma, disclosure and sexual reproductive challenges for adolescent in high volume sites.

- Mentorship and supervision of HCWs providing ART services: ZPCT II continued onsite orientation on utilization of SmartCare clinical reports for better patient management at facility level across the six supported provinces.

- National level activities: At central level, in collaboration with MOH and other partners, ZPCT II participated in the development of a draft orientation package for managing treatment experienced patients for onsite orientation. This will be concluded next quarter.





Clinical palliative care services

A total of 371 public and 24 private health facilities provided clinical palliative care services for PLHA this quarter. A total of 248,041 (including 18,465 children) clients received care and support at ZPCT II supported sites. The palliative care package consisted mainly of provision of cotrimoxazole (septrin), and nutrition assessment using body mass index (BMI). In addition, ZPCT II also supported screening of chronic conditions such as hypertension and diabetes mellitus.

- Managing HIV as a chronic condition: ZPCT II supported screening for selected chronic conditions in patients attending HIV services. During this quarter, 12,361 patients were screened for diabetes using the chronic HIV checklist.

- Nutrition assessment and counseling: ZPCT II continues to support the clinical assessment and counseling of nutrition in HIV treatment settings using body mass index (BMI). During this quarter, a new indicator on number of clients assessed for nutrition status using BMI was introduced, and 8,760 were reported to have been assessed.

- Screening for gender based violence (GBV) in clinical settings: Using the CHC screening tool, 11,496 clients were screened for GBV in ART clinical settings primarily by ASWs. Those found to have GBV issues were referred to other services as needed such as further counseling, those needing shelter, economic empowerment support and paralegal services etc. A detailed reference database where victims of GBV can be referred will be finalized next quarter and put into operation.

- Cotrimoxazole prophylaxis: ZPCT II supported the provision of cotrimoxazole for prophylaxis to PLHA both adults and children in accordance with the national guidelines. This quarter, 6,691 clients were put on cotrimoxazole prophylaxis, including 2,810 initiated on cotrimoxazole through the PMTCT program.

1.4: Scale up Voluntary Medical Male Circumcision (VMMC) services

ZPCT II supported 55 VMMC sites (52 public and three private health facilities) in providing services according to the set national standards. Technical assistance, mentorship and supportive supervision were provided in the sites. During this reporting period, 12,043 men were circumcised (6,463 in static sites and 5,560 through outreach MC services). Out of these, 7,818 were counseled and tested for HIV before being circumcised (64% testing rate). In addition, ZPCT II participated in the national VMMC campaign in December that was being led by the MOH with support from all MC implementing partners. The national target for this campaign was to perform 30,000 VMMC operations, out of which ZPCT II was allocated a target of 5,000 men to be circumcised. ZPCT II supported sites performed 9,806 VMMC operations during the month of December 2012 as part of the campaign. With this increased awareness exhibited in the month of December 2012, each province will be assisted to further strengthen VMMC services in both outreach and static sites in the coming year.

- Mentorship and supervision of HCWs providing MC services: Technical assistance, mentorship and supportive supervision were provided in all the 55 MC supported sites with focus on providing hands-on mentorship to newly trained HCWs in initiating MC Service in the new sites. Additionally, attention was given to ensuring adherence to good data management. Two consultants from the UTH Surgical Society of Zambia (SSZ) providers of MC trainings on behalf of ZPCT II completed post training technical support and supervision visits in all the sites where they recently trained HCWs. A total of 81 HCWs where followed-up in 36 sites.

- Outreach MC activities: To ensure increased access for VMMC services that are close to their homes, ZPCT II implemented mobile MC services. This quarter, ZPCT II participated in the national December MC campaign. During the quarter, through the mobile MC services, a total of 5506 men were circumcised in the following provinces; 730 in Central, 2,179 in Copperbelt, 402 in Luapula, 1,486 in Northern, and 786 in North-Western. The district based budget and planning for MC Outreach designed last quarter has been adopted so as to ensure that DMOs are supported with resources to conduct MC outreach activities and as a result there has been increased DHO's participation in MC programs. With mass media sensitization and support from the MOH national level and from respective PMOs, achievements during the December MC campaign were exceedingly high and significant beyond expectation looking at the timing in rainy season.

- Data management tools /Job aids / IEC materials for MC: The MOH has deployed the new standard MC register and client intake forms. During the quarter, ZPCT II technical officers provided orientation to HCWs in MC units as well as to data clerks to ensure correct data capturing. The national MC IEC distributed during the last quarter are still in use in the supported health facilities.

- National level MC activities: ZPCT II has been actively participating in all MCTWG monthly meetings that have provided guidance on VMMC scale up activities such as development of National VMMC work plan; planning for the national MC campaigns; the National MC Communication and Advocacy media workshop, and review of the national MC registers and training package.

TB-HIV services
ZPCT II supported health facilities to strengthen TB/HIV services during this quarter. The focus for technical support included:

- Strengthening of screening for TB: HCWs were mentored and supported to use the CHC check list as part of Intensified Case Finding (ICF) for TB. A total of 12,541 were screened for TB in the clinical settings and 858 of patients receiving HIV care and treatment were started on TB treatment and a further 602 TB patients were started on ART representing 70% uptake.

- TB and ART co-management: ZPCT II has enhanced monitoring of this activity with introduction of indicators in the last quarter which focus on tracking the number of HIV positive TB clients who started ART treatment within 30 and 60 days of initiating TB treatment and beyond 60 days. The focus of these indicators is to monitor the strong linkage for HIV positive TB clients who are eligible for ART and end up being initiated as early as possible. The trends according to the available data are that 54.5% of clients are initiated on ART within 60 days of starting TB treatment compared with 45.5% after 60 days. Further work at program level needs to be done to further enhance ART uptake in the first 30 and 60 days respectively.

- The 3 I's protocol: Under the WHO 3Is project, ZPCT II collaborated with TB CARE I and CIDRZ in supporting MOH in preparatory work for the start-up of the project. Key activities in the quarter were as follows:

    - ZPCT II M&E officers worked with partners on the WHO 3Is in developing the quarterly monitoring summation form as well as the baseline assessment tools.
    - ZPCT II clinical care officers participated in the recruitment process for TB CARE I staff who will work in the MOH facilities to implement the project.
    - ZPCT II staff members from the clinical care and strategic information (SI) units remain key members in the working groups that are charged to assess the facilities and develop data bases for the monitoring and evaluation of this project.
    - In the rest of the facilities, routine 3Is activities especially intensified case finding and infection prevention have continued to be implemented under routine ZPCT II technical support.

Objective 2: Increase the involvement and participation of partners and stakeholders to provide a comprehensive HIV/AIDS service package that emphasizes prevention, strengthens the health system, and supports the priorities of the MOH and NAC.

2.1: Strengthen laboratory and pharmacy support services and networks

Laboratory services
ZPCT II supported 129 laboratories in public health facilities this quarter. A total of 107 of these laboratories have the capacity to provide HIV testing and CD4 count analysis or total lymphocyte count analysis, while the remaining 22 provide minimal laboratory support. In addition, ZPCT II is supporting 20 laboratories under the public-private partnership, 14 of which have the capacity to provide HIV testing and CD4 count analysis or total lymphocyte count analysis. This quarter, ZPCT II provided support in technical assistance, renovations, equipment maintenance, training and procurement of equipment.

- PCR laboratory at Arthur Davison Children's Hospital**:** This quarter, the laboratory received and tested the third and final DBS proficiency testing panel for 2012 from CDC Global AIDS. Results were submitted and a score of 100% was achieved. With the hiring of the biomedical technologist still outstanding, the laboratory had challenges working within the fixed number of shifts for rotational staff and experienced challenges with data entry as well. However, recruitment of a new technologist is underway. For a period of ten (10) days the laboratory experienced a stock out of Roche Amplicor HIV-

1 DNA test kits but fortunately extraction continued with excess extraction reagents provided for in the Amplicor kits.

ZPCT II successfully trained six more rotational PCR laboratory scientists and technologists in early infant diagnosis (EID HIV-1 PCR) using the Roche Amplicor v1.5 methodology. This will contribute to improvement in the average turnaround time of results in the PCR laboratory.

- Strengthening early infant diagnosis of HIV– improving turnaround time for DBS results: The Project Mwana SMS initiative of sending PCR results via SMS or printers to participating facilities is working well. ZPCT II and MOH master trainers conducted a trainer of trainer's training for the remaining three provinces, namely Northern, North-Western and Copperbelt Provinces for district and provincial staff. These have been followed up with provincial and district rollout of M-health trainings for health facility staff and community volunteers. This quarter, 69 additional facilities were added to the SMS result system bringing the total number of facilities to 90 across all the six provinces. The transmission of results via the sms system continues to be monitored. .

- Specimen Referral System: The quarter was characterized by the sharing of preliminary results from the report on the PIMA Point of Care analyzer for CD4 enumeration by MOH. The final report is expected to be disseminated early next quarter. While specimen referral activities continued at the usual rate it is expected that when the PIMA analyzer is rolled out a significant reduction in referral activities will be recorded and a drastic improvement in turnaround time of CD4 results, as well as in improved access to CD4 will be evident. A total of 264 sites referred on average 40,000 specimens to 93 laboratories with CD4 testing capacity, translating into a total of 250 facilities participating in the specimen referral system. To address some of the challenges with implementation of the specimen referral system, namely persistent motorbike breakdowns, ZPCT II has planned to procure 45 new motorcycles to be placed at 29 district medical offices. The procurement of these motorbikes has been prompted by wear and tear over the years and increased maintenance costs.

- Internal quality control (IQC): As a key accreditation indicator ZPCT II continued to monitor the implementation of the Ministry of Health approved internal quality control process. Monitoring of this process is done by verification of appropriate data entries is the MOH approved IQC documentation. ZPCT II has rolled out this documentation in over 60% of its supported sites with a particular focus on sites in the first and second SLMTA groups and continues to emphasize their routine use at quarterly training events. This reporting period, ZPCT II provided technical assistance and mentoring to laboratory staff to ensure the regular use of this documentation and intensified mentorship was provided to sites that were inconsistent.

- External quality assurance: ZPCT II supported the MOH approved external quality assurance programs as follows:

  - *CD4 EQA Program:* In collaboration with the reference laboratory at the UTH Virology laboratory, ZPCT II, CDC and other partners discussed the performance of supported sites in CD4 EQA in 2012 and requested a consolidated report to assist with follow up of under-performing sites. The report has not been received yet but has been followed up and when received will assist with planning for CD4 EQA monitoring in 2013.Activities are scheduled to continue in the next quarter and ZPCT II will continue to provide support as per routine.

  - *TB EQA:* Technical staff continued to monitor TB testing activities, and staff at central level participated in the TB Laboratory Technical Working group which has been assigned to oversee TB testing activities and further oversees the introduction of the Gene X-pert for diagnosis of rifampicin-resistant tuberculosis. Once guidelines on the use of the Gene X-pert are finalized, ZPCT II will work closely with TB Care I in the roll out of this new diagnostic tool.

  - *HIV EQA Program:* ZPCT II participated in preparatory meetings to recommence HIV proficiency testing using dry tube samples. This form of external quality assessment had been suspended due to logistical and staffing challenges at the reference laboratory but has now been restarted. ZPCT II will assist with the distribution of the panels mid-January 2013 and will further assist with re-orienting health care workers on how to reconstitute samples, testing and reporting of findings.

ZPCT II will also assist with investigation reports for poor performance once the final report is released after the exercise.

- *10th Sample QC for HIV testing and other EQA Monitoring:* 10th sample QC entries into daily activity registers were verified during technical assistance visits. This has worked well in the absence of consistent HIV external quality assessment. The reintroduction of HIV EQA will complement this activity. However, inconsistencies in documentation were noted and mentoring was provided to facility staff. Follow ups will be made during next quarter.

- Commodity management: ZPCT II provided technical assistance and mentoring to facility staff on the management of the laboratory commodities and HIV test kits logistics systems. Stock-out of selected commodities was experienced in some facilities and this was attributed to non-availability of commodities at central level and also to late or non-reporting by some facilities. ZPCT II has continued redistribution of commodities where feasible to ensure minimum interruptions in service delivery, as well as national level monitoring of stock in collaboration with MOH and other partners.

- Equipment: ZPCT II provided support in equipment maintenance on vital laboratory equipment throughout the quarter. Challenges with equipment breakdown for the Humalyzer 2000 and Cobas Integra chemistry analyzers from last quarter persisted. ZPCTII continued to work with specific equipment vendors for major part replacements and repairs, and emphasizing the need to reduce the turn-around time in response to call-outs. Utilization of the BD FACSCalibur analyzer improved with the availability of reagents centrally. However a few facilities still reported not having utilized the equipment due to stock out and loss of skills. ZPCT II has continued to follow up with preventive maintenance of this vital equipment ensuring appropriate use of the instruments.

Pharmacy services

Technical support to pharmaceutical services was provided in 395 ZPCT II supported health facilities (371 public and 24 private). The major focus of technical assistance (TA) was on promotion of rational drug use to ensure good therapeutic outcomes for patients, rational utilization of essential medicines and medical supplies by monitoring adherence, and compliance to national treatment protocols. Other focus areas were on strengthening facility supply chain linkages to improve stock availability, and reduce on stock imbalances at service delivery points in supported provinces.

- ARTServ dispensing tool: This quarter the ARTServ database was in use at 80 facilities (76 public and four private sites) in all the ZPCT II supported provinces. Technical support was provided to sites that were not able to operationalize the tool attributed to malfunctioning computers and human resource constraints. A total of ten computers were non-functional due to various reasons and will be repaired in the next quarter. ZPCT II will continue to follow-up and provide technical support and mentoring to address these challenges.

- SmartCare pharmacy module: ZPCT II continued to monitor the performance of the Smart Care integrated pharmacy module at 16 facilities using the system, while two of these facilities experienced a backlog of entries due to faulty databases. However this was resolved towards the end of the quarter. Unfortunately none of these sites were upgraded to the Smart Care 4.5. Version due to problems encountered with the installer and it is expected that this will be resolved in the next quarter.

- Pharmaceutical Management: ZPCT II worked in collaboration with MOH and other cooperating partners to roll out the national mentorship program for pharmacy aimed at improving pharmaceutical services in the public health systems. This was done in a phased approach starting with Lusaka and Copperbelt provinces from which a total of 24 facilities were identified as mentee sites. Prior to this exercise six mentors were also selected to spearhead this process and a TOT was conducted for them and thereafter they visited these sites for the provision of supportive supervision and general mentorship in pharmaceutical services. Feedback is awaited on this exercise while ZPCT II continues to monitor general quality of service provision in the sites it supports. .

- Rational Medicine Use: This quarter, a number of facilities and DMOs held DTC meetings in an effort to enhance collaboration amongst various units in support of medication therapy management programs. Pharmacovigilance activities were undertaken throughout the provinces and this included redistribution of IEC materials and ADR registers, re-orientation in ADR monitoring and reporting and

coordination of report compilation and submission. Further meetings were also held to discuss ZPCT II's collaboration with the National Pharmacovigilance Unit on this same activity.

- Other support
  - *Post Exposure Prophylaxis:* The issue of lack of paediatric Kaletra at facility level persisted this quarter despite sufficient stocks being available at MSL in support of PEP. Concerns had been raised around management of PI's at lower level health facilities. This will be followed up at both central and provincial level to address the gap. ZPCT II will continue to provide focused TA and mentoring on the management of the commodities required for PEP.

  - *Public Private Partnership:* All the PPP sites in both Copperbelt and Northwestern provinces have been allowed to access ARV drugs for PMTCT and ART. However, the supply chain management system still needs to be strengthened for Central and Luapula Province. This activity will be given priority next quarter.

- Supply chain and commodity management: Technical assistance visits were conducted during this quarter with a focus on monitoring quality of services and to strengthen commodity management systems.

  - *ARV Logistics System Status:* Kaletra paediatric solution was still overstocked at MSL; however Atripla stock levels improved centrally and at service delivery points. Monitoring of numbers of clients on these and other regimens continues to ensure that accurate data is provided for the routine national quantification exercises.

  - *PMTCT Logistics System:* Constant monitoring of the system translated into adequate stock levels of Zidovudine tablets at most facilities in line with the national picture.

  During this reporting period, ZPCT II distributed additional MC essential consumable kits and MC reusable instrument kits and supplementary bulk supplies to MC sites in support of the national MC December campaign. As a result of the over-whelming response, consumption of most of the supplies increased. ZPCT II worked with SCMS to resupply the pipeline and shipments are expected to be in-country next quarter. The mosquito forceps that were omitted from all the re-usable instrument sets were finally received in December and re-distributed to the provinces. Redistribution of commodities within the provinces was conducted extensively to ensure commodity availability in support of the MC campaign. Monitoring the use of these commodities is ongoing at facility level to ensure accountability and appropriate, rational use of the procured commodities, and also to ensure that there are no gaps in service provision.

- Guidelines and SOPs: A two-day stake holders' consensus meeting was held to finalize and adopt the SOPs after MOH approval.

2.2: Develop the capacity of facility and community-based health workers

Trainings

ZPCT II supported training of HCWs and community cadres from its supported health facilities in the following:

- *Counseling and testing:* 69 HCWs and 17 lay counselors trained in CT. Basic CT 39; CT refresher 17 lay counselors, couple counseling 20 HCWs, and supervision counseling 10 HCWs.

- *PMTCT:* 77 HCWs were trained in PMTCT, while 102 HCWs underwent refresher training in PMTCT.

- *Clinical care/ART:* 24 HCWs underwent refresher training in ART/OI. In addition, 8 HCWs were trained in adherence counseling.

- *Laboratory/Pharmacy:* 31 HCWs were trained in ART commodity management from ZPCT II supported facilities, and 30 HCWs attended equipment use and maintenance training. Additionally, six HCWs were trained in DNA PCR techniques at ADCH PCR laboratory.

Basic PMTCT, CT and full ART and OI management technical trainings included a module on monitoring and evaluation as well as post-training, on-site mentorship to ensure that the knowledge and skills learned are utilized in service delivery in the different technical areas.

This quarter, one provincial mentorship orientation was conducted at model sites for 12 HCWs in Central Province. In addition, 26 HCWs were trained as trainer of trainers in Lusaka from Central, Copperbelt, Luapula, Northern and North-Western Provinces. Also, ZPCT II participated in the data collection for the evaluation of the nurse prescriber program conducted by the General Nursing Council of Zambia/MOH. The data entry, analysis and reporting will be completed by the General Nursing Council of Zambia.

2.3: Engage community/faith-based groups

A total of 1,277 community volunteers were supported by ZPCT II (322 ASWs, 453 Lay counselors, and 502 PMTCT Lay counselors) this quarter. During this reporting period, the partnership with ZANACO bank remit volunteer monthly payments through Xapit accounts was scaled-up from one to three provinces. A total of 236 new accounts for community volunteers were opened, bringing the total number of volunteers paid through ZANACO Xapit to 723.

The ZPCT II community volunteers referred clients to the supported sites in these areas, including:

- *PMTCT:* PMTCT volunteers and TBAs referred clients to access PMTCT services, plan for delivery at the health facility, and provided information to expectant mothers. This quarter, 13,947 expectant mothers were referred for PMTCT services and 11,865 accessed the services at the health facilities across the six supported provinces.

- *Clinical care:* The volunteers made referrals to various HIV related clinical services such as TB, ART, and STI screening and treatment, and palliative care. A total of 11,656 clients (6,602 females and 5,054 males) were referred for clinical care, and 9,880 (5,647 females and 4,233 males) accessed the services.

- *ART:* This quarter, adherence support workers (ASWs) visited PLWHA who are on ART for peer support to promote adherence to ART treatment and to locate those lost to follow-up and re-engage them to services. As a result, ASWs visited and counseled 20,399 clients (11,427 females and 8,972 males), and were referred for further management at the facility.

In an effort to strengthen referral linkages, community outreach activities were conducted by community based volunteers, HCWs, and local community groups. This reporting period, 57,393 individuals (34,530 females, 22,863 males) were sensitized through outreach activities by community based volunteers and referred to the supported health facilities for CT, MC, PMTCT, and clinical care services. Out of these individuals, 46,428 (28,724 females and 17,704 males) were reported to have reached and accessed services at the health facilities.

Mobile CT and MC

This quarter, 25,744 individuals were referred for CT (13,981 females and 11,763 females). Out of these individuals, 20,608 were tested (11,214 females and 9,394 males). Some males were tested for purposes of male circumcision while some females were tested for PMTCT. Some of the challenges faced in CT during the period under review were limited reagents in some facilities.

In addition, 4,566 males were mobilized and booked for MC, and 4,136 males were circumcised. As a standard practice, all males were tested before their circumcision. Some of the mobilized clients opted to stay away and others were referred for further medical attention. These MC activities were conducted at outreach and static sites.

Referral networks

ZPCT II partnered and coordinated with the PMOs, DMOs, District Aids Task Forces (DATFs), and other partners in the six provinces to strengthen district-wide referral networks. During this quarter, ZPCT II attended 26 referral network meetings held in the 44 supported district referral networks. The meetings focused on orientation of new executive committee members, strengthening of referral networks in locations where the networks were in-active, reporting, and reviewing HIV/AIDS activities.

Fixed obligation grants
This quarter, monitoring visits were undertaken to the supported sub-grantees to verify the status of implementation. Five CBOs have completed implementing their milestones of the fixed obligation grants, and have expressed interest for continued partnership. ZPCT II will continue working with the CBOs to strengthen their capacity implementing FOGs and addressing some of the short comings (reporting, stamping of receipts for payments and management of financial documents). In addition, adverts for 2013 FOGs were placed in the press soliciting for applicants.

Trainings
ZPCT II conducted training for the Network of Zambian People Living with HIV/AIDS (NZP+) members in Central Province during this reporting period. A total of 25 NZP+ members were trained (13 females and 12 males). The purpose of these trainings were to promote positive prevention, adherence to ART, demand creation and awareness, counseling discordant couples, referral networks, and addressing gender based violence issues in the communities.

Objective 3: Increase the capacity of the PMOs and DMOs to perform technical and program management functions.

3.1: Increase the capacity of PMOs and DMOs to integrate the delivery of HIV/AIDS services with malaria programming as well as reproductive, maternal, newborn and child health services

This quarter, ZPCT II and DMO/PMO staff conducted joint technical support visits to health facilities. In addition, staff members at both the PMO and DMO level needing training in some of the technical areas were included in the ZPCT II sponsored trainings to strengthen their capacity in mentoring and supervising facility staff. ZPCT II provided support worked with facility staff in integrating HIV/AIDS services into MOH health services for reproductive health (RH); malaria; and maternal, newborn and child health (MNCH). Health care workers in the MNCH departments were trained to provide PMTCT, CT and family planning as part of the regular package of MNCH services.

3.2: Increase the capacity to integrate gender considerations in HIV/AIDS service delivery to improve program quality and achieve inclusiveness

A total of 55 HCWs (39 females and 16 males) were trained in gender integration, GBV screening, and referral. During the year 2012, a total of 171 HCWs (106 females and 65 males) were trained.

This quarter, an average of 5,000 clients was screened for GBV each month. There has also been a notable increase in the number of survivors of rape and sexual assault accessing post exposure prophylaxis (PEP) from 17 in June to 35 by October 2012. This increase could be attributed to the increased screening for GBV by trained HCWs. The number of survivors accessing PEP could be higher if community members were sensitized enough on the need to report GBV cases on time (i.e. reporting defilement and rape within 72 hours). There are plans to increase community sensitization on GBV through increased collaboration with other institutions engaged in GBV at community level. During the reporting period, a meeting was held with Zambia-Led Prevention Initiative (ZPI), TB Care I, and Corridors of Hope III (COH III) to agree on ways to collaborate and create synergy around community mobilization since the these organizations have a strong focus on community mobilization. Quarterly meetings will be held to evaluate the effectiveness of the collaboration and identification of areas requiring further strengthening.

Referral of GBV survivors remains a challenge due to inadequate information on institutions offering supplementary services for GBV survivors and limited presence of institutions offering supplementary GBV related services. Mapping of GBV related service providers will be completed next quarter and it is hoped this will facilitate referral of GBV survivors.

Male involvement in PMTCT was almost constant with a minimal increase in the quarter under review. This could be attributed to inadequate community mobilization interventions to address the negative cultural beliefs and norms as well as some factors at health facility level that are not conducive to men. The communities usually perceive antenatal services as being for women only. This perception usually results in the stigmatization of men who accompany their spouses for antenatal services. In addition, long waiting hours at

the facility were cited as a discouraging factor for male partner's involvement in PMTCT. Lack of a national policy to allow men in formal employment to take time off to accompany their spouses to the clinic makes it difficult for men to attend antenatal clinics. There are plans to develop a tool to strengthen community mobilization and address negative cultural norms.

In the next quarter, ZPCT II through the gender technical working group (TWG) at the Ministry of Gender will be presenting a proposal to have men to take a day-off each month like (the equivalent of women's Mother's Day). This is aimed at addressing some of the challenges in implementing PMTCT strategies as well as to facilitate men in formal employment to attend antenatal clinics each month.

3.3: Increase the problem-solving capabilities of PMOs, DMOs and health facility managers to address critical HIV/AIDS program and service delivery needs

The SI unit, working with the MOH at facility level, mentored health care workers in the use of QA/QI data to improve quality of service delivery in areas noted in the national SOPs and guidelines. HCWs from all ZPCT II sites were mentored to triangulate QA/QI data with the routine service statistics collected on a monthly basis. Additionally, quarterly feedback meetings, attended by facility and DMO staff, were held at district level to discuss data trends and use these to influence decision making at both health facility and DMO level.

Provincial teams collected capacity building management indicators from ZPCT II graduated districts. The indicators were collected from 21 of the 24 graduated districts across the six provinces. The four capacity building management indicators include; HR retention database, performance management assessments, funds disbursement, and action plan reviews.

- *HR retention database:* The tools indicate whether the graduated districts had an up-to-date personnel retention database or not. In all the 21 districts, it was found that personnel databases were up to date and contained information on health staff in the district including number of staff by type, transfers, attrition, variance in staffing levels, staff training and development plans, and leave plans. However, the database does not capture staff progression in the system.

- *Performance management assessments*:
  It was observed that in 20 of the 21 districts, issues raised during performance assessments were resolved during technical support visits. However, Mansa in Luapula Province had only resolved 3 of the 23 recommendations. The DMO was asked to take keen interest in resolving these recommendations particularly because the district had consistently performed poorly in this area in 2012.

- *Financial management*: This indicator focuses on DMO funds disbursement to facilities. It was found that all the 21 districts sent funds to respective facilities as required. The major challenge was that funds were at times received late at the DMO and consequently disbursed late to respective facilities. Further, DMO does not analyze the imprest retirements from the facilities to determine usage of the advanced funds. The DMO records only captured the amount of money disbursed and whether or not the funds had been retired. Without the analysis of the expenditure from the facilities, it was not possible to determine if the funds provided to the facilities were being spent according to their action plans or budgets.

- *Planning*: The indicator focuses on the total number of times the action plan is reviewed and revised during each implementation year. The goal is to ensure that district action plans are reviewed and revised quarterly in each implementation year to ensure planned activities are being implemented as planned and priorities are realigned in light of changing district priorities and funding environment.
  A review of documents at the 21 DMOs indicated that all but one had revised their action plans every quarter. Mansa district had not revised its action plans in the year 2012. The district management was advised to consider the reviews as necessary in efficient utilisation of resources.

3.4: Develop and implement strategies to prepare governmental entities in assuming complete programmatic responsibilities

This quarter, the trained PMO staff conducted mentorships in human resource and financial management in their respective provinces for DMO staff in Central, Luapula, and Northern provinces. These hands-on mentorships were conducted in 13 DMOs aimed at enhancing the DMO accounts and human resource staff in carrying out their responsibilities using approved systems and guidelines. Copperbelt and North-Western Provinces did not conduct mentorships due to PMO mentors' unavailability. The mentorship plans have since been rescheduled to next quarter as this is an ongoing activity.

Central, Luapula, Muchinga and Northern provinces hosted governance refresher trainings for PMO and DMO staff aimed at strengthening their leadership capacity. The trainings which were conducted by ISTT were held over a period of five days and drew 46 participants from 26 DMOs and four PMOs. Participants included district medical officers, planners, human resource officers, clinical and nursing officers and financial officers.

Objective 4: Build and manage public-private partnerships to expand and strengthen HIV/AIDS service delivery, emphasizing prevention, in private sector health facilities.

This quarter, three additional private sector health facilities started reporting data bringing the total to 24 with 21 of them providing ART services, and all the 24 providing CT and PMTCT. HCWs from the supported private health facilities were mentored in various technical areas. Specifically, TA focused on the following:

- Mentorship and supervision of HCWs providing ART/CT/PMTCT/MC services: Technical assistance, mentorship and supportive supervision was provided in all 24 supported sites with focus on providing hands-on mentorship to newly trained HCWs in using national ART guidelines in managing clients, national reporting tools in the new sites. This quarter, five HCWs were trained in national PMTCT training package. Additionally, attention was given to ensuring continues medical education[CMEs] for health teams in the private health sites

- Data Management Tools /Job aids: Hands on mentorship for HCWs in private sites on the use of the national data collection was provided in all supported service areas. To ensure skills transfer, onsite orientation meetings were conducted with facility teams for them to appreciate national health indicator. Currently all private health facility that are supported by ZPCT II generate reports based on the MOH registers.

- Linkage to MOH commodity management: ZPCT II worked with the PMOs and DMOs to create linkages between the private and public health facilities in areas of sample referral, ARV commodity supplies through the DMO ARV logistic system.

Objective 5: Integrate service delivery and other activities, emphasizing prevention, at the national, provincial, district, facility, and community levels through joint planning with the GRZ, other USG and non-USG partners.

ZPCT II collaborated with Ndola DMO and Kitwe DMO to provide technical support in service integration for the Ndola Diocese's community home-based care program in Ndola and Kitwe districts. ZPCT II provided technical and logistical support in the provision of ART outreach to Chishilano and Twatasha Home Based Care centers, respectively. This quarter, 52 new clients were initiated on ART and 1,645 old clients were reviewed.

At the national level, ZPCT II met with other USG partners such as JSI-Deliver on commodities logistics system, and Society for Family Health, Marie Stopes, and Jhpiego on male circumcision.

STRATEGIC INFORMATION (M&E and QA/QI)

Monitoring and evaluation (M&E)

ZPCT II M&E unit continued to compile service statistics for the quarterly program results and other data reports for USAID as well as PEPFAR reporting. The SI unit also received databases from the HIV retesting study sites and compiled data summary reports. These reports were analyzed and feedback was provided to respective provinces.

During the quarter the latest version (V4.5.0.3) of SmartCare software was obtained from EGPAF and will be installed in all ZPCT II supported sites next quarter. Training will also be organized for the SI unit staff in the utilization of new version of SmartCare. No new sites were commissioned last quarter as we need to have ZPCT II reports to be updated in SmartCare by the developers.

The SI unit participated in the exercise to refine four research protocols, including: male involvement in PMTCT, using SMS technology to improve retention, using QA/QI to measure sustainability, and training studies in collaboration with other technical unit members.

This quarter, ZPCT II participated in the 'Program Mwana' TOT training in conjunction with Ministry of Health (ICT unit) and ZCHARD in Central and North-Western Provinces. Program Mwana is an initiative that utilizes mobile technology to strengthen health services for mothers and infants and thus addresses early infant diagnosis (EID) of HIV and post-natal care. The program focused on the following; delivers infant HIV results from PCR Lab to facilities with SMS and printer, tracks DBS samples through the logistics system, provides web monitoring tools for management of the SMS program for PMOs, DMOs and partners, birth registration and patient tracing by CHWs, SMS reminders for post-natal visits, and specific traces for DBS results being returned. A total of 38 PMO and DMO staff were trained (20 in Central and 18 in North-Western)

Quality assurance and quality improvement (QA/QI)
During this quarter, a capacity building workshop on strengthening the QI component of ZPCT II was conducted by the Director for Health Systems Strengthening at FHI360 HQ, Bruno Bouchet, for all Lusaka based technical staff, This workshop was held with a specific emphasis on the importance of the use of data for improvement and also the use of the PDSA model for QI. There are plans to identify specific QI projects in PMTCT and use of the PDSA model. A workshop is planned for early next year to move this forward.

The Quality Assurance/Quality Improvement assessments were conducted in 139 eligible ZPCT II supported sites in both graduated and non-graduated districts. This was accomplished through the administration of QA/QI Questionnaires in the following technical areas: ART/CC, PMTCT, CT, Laboratory, Pharmacy and Monitoring and Evaluation. The analysis of the collected data provided the basis of developing evidence based quality improvement plans for all identified priority areas in each program as it is evidenced that quality improvement is always data driven. Below is a summary of the main findings from the QA/QI findings from this quarter.

ART/Clinical Care
ART provider and facility checklists were administered in 40 reporting ART health facilities in both graduated and non-graduated districts. The main findings following the ART/Clinical care service quality assessments were noted as follows:

Liver function tests are not being conducted for patients before ART initiation in some of the health care facilities. Affected districts include; Kitwe, Milenge, Mwense, Nchelenge, Samfya and Mbala, The reasons advanced for this include:

- Some of the affected sites have no laboratory facilities to conduct the required test.
- There is an inconsistent supply of laboratory reagents in some facilities.
- Restrictions on the total number of samples to be collected daily.
- Nonfunctional laboratory equipment's (COBAS Integra) over long periods of time in some facilities.
- Poor sample referral system.
- Poor staff attitude towards ordering of the tests.

Action Taken:
- Liaised with Lab/Pharm and programs unit to ensure an effective sample referral system throughout the province.
- Implemented an effective system of timely repairing of motorbikes and as well as timely provision of fuel.
- Mentored and encourage the HCW to order the required tests when all logistics are in place.
- The vendor agreed to have all the broken down equipment repaired by January 2013.

Smart care reports revealing a high number of patients flagged for treatment failure who have since not been followed up for further investigations by the health care providers. The affected districts include: Zambezi, Kasempa, Mansa, Nchelenge and Mwense. The main reasons advanced for this include:

- Clinical meetings are not being held in most facilities
- ART teams not diligent in reading and analyzing smart care reports.
- Smart care reports are not being generated (Kasempa has not been generating the reports for 6 months now).

Action Taken:

- CCU and SI to closely monitor the DECs and supply the needed Tonner at Kasempa to ensure that they are generating and printing the Smart Care Reports on weekly basis and appeal to HCWs to make close use of the reports to help run the ART program efficiently
- Encourage Clinical meetings in most facilities as this will improve the level of care.

T-staging in patients on ART for 6 months or more is not being conducted by health care providers in some facilities. The affected districts include: Mbala, Kaputa and Mpulungu. The main reasons advanced for these were as follows:

- Clinicians are not simply indicating the patient T-staging on the SmartCare forms.

Action Taken:

- Clinicians mentored on the importance of indicating the T-staging on the SmartCare forms.
- Distribution and displaying of job aids on T-staging to all ART sites done

CT/PMTCT

Under the CT/PMTCT unit the CT provider tool, PMTCT provider tool, CT/PMTCT facility checklist and counselor reflection tools were administered in 109 CT and 117 PMTCT sites in graduated and non-graduated districts. The main findings of the CT/PMTCT quality assessments are as follows:

There is a lack of office space for CT to ensure private and confidential counseling of clients in some facilities. The affected districts include: Mpulungu, Kaputa, Mbala and Zambezi. The reasons advanced for this include:

- There is limited infrastructural space in all the affected health facilities

Action Taken:

- In collaboration with the DMOs ZPCT II Program unit has already recommended and planned for renovations (e.g. Kucheka).
- To co-share available space for CT within the facility.

Babies born to HIV positive mothers are not being referred for EID DNA PCR HIV testing services. The affected districts include: Kaputa, Mpulungu, Mbala and Zambezi. The reasons given for these are as follows:

- Non ordering of DBS cards from the laboratories
- Transportation challenges of DBS cards from the facility to the hub.
- DBS kits being out of stock in some of the districts.

Action Taken:

- District DBS trainings have been planned in the first quarter of 2013.
- Redistribution of DBS cards and continued mentorship with HCWs to ensure timely order DBS kits to avoid stock outs.
- Collaborate with specific DMO's to provide transport for DBS from facilities to the hub.

Facilities are not deliberately using the CHC checklists in CT and PMTCT rooms. Affected districts include: Kitwe and Masaiti. The reasons advanced for these are follows:

- Low staffing levels at the affected facilities to be able to implement the CHC tools in CT and PMTCT rooms.
- CHC checklists stocks have run out in the facilities.

Action Taken:
- Re-orientation on the use of the CHC checklist was conducted for counselors
- CHC forms were photocopied and distributed to all affected facilities.

Laboratory infrastructure
The laboratory QA tool was used for quality monitoring in 37 health facilities in both graduated and non-graduated districts. The following issues were documented:

Some of the laboratories have no laboratory safety, ethical manuals and accident reporting registers. Affected districts include; Mansa, Kawambwa, Samfya, Mwense, Milenge, Mpongwe, Muyombe and Kaputa. The reasons advanced for these are:

- Manuals were not available at PMO's office and ZPCT II office at the time of assessment.
- Lab staff did not appreciate the importance of these reporting books.
- Previously distributed books are being used for other purposes.

Action Taken:
- Lab officers collected copies from PMO's office and will be distributed between January and March, 2013.
- Oriented the Lab staff on the important use of the books.

Some of the laboratories do not have biohazard symbols. The affected districts include: Kitwe, Mpongwe and Zambezi. The reasons advanced for these are follows:

- The improvised signs have since come out since the type of paper used is unsuitable for purpose (ordinary A4).
- Laboratory technical officer rolled out the laboratory safety signage but the facility was reluctant to stick

Action Taken:
- Printed and commenced distributions of laboratory symbols to facilities in all the districts.
- Laboratory technical officer to ensure that the facility staff sticks the emergency exit signs and other Laboratory Safety Signage.
- A soft copy of the laboratory signs was left with the facility.

Some of the laboratories do not have laboratory organograms as well as logically laid out workstations to facilitate optimal work flow. Affected districts include; Kapiri Mposhi, and Zambezi. The reasons advanced for these are follows:

- Facility staff delayed in implementing the logical work lay out plan due to staff unavailability
- Reluctance by the laboratory in-charge to design the organogram.

Action Taken:
- Orientation on how to design the floor plans and organogram was done.
- Laboratory personnel were given the format to design the organogram.

Pharmacy
The pharmacy QA tool was used for quality monitoring in 54 health facilities in both graduated and non-graduated districts. The following issues were documented:

Some of the pharmacies in health facilities do not conduct and document physical monthly counts. Affected districts include; Kasempa, Zambezi, Kitwe and Mpongwe. The reasons advanced for this were:

- There is lack of tablet counting trays in the dispensing areas.
- Staffs do not still commit time to conducting physical count at the end of every month.

Action taken:
- Facility Pharmacy in charges will be urged to consider procuring tablet counting trays from own resources
- To continue with mentorship on the importance of conducting physical counts in the affected sites and visit these sites with DMO staff.

Inadequate pallets in the bulk store rooms at some facilities with some products and containers being kept on the floor. Affected districts include; Kitwe, Luanshya, Masaiti, Mpongwe, Kasempa, Mbala, Kaputa and Mungwi. The reasons advanced for this include;

- Pallets not enough for the available large stocks (Three months stocks)
- Pharmacy personnel are not making pallet procurement requests to management

Action taken:
- Programs unit to be consulted for possible inclusion in facility RAs
- Pharmacy in-charges were urged to request management to procure pallets
- Staff advised to purchase enough pallets using their facility grants.

There were no updated reference materials; updated standard treatment guidelines/EDL/ELS from MOH, Pharmacy Standard Operating Procedures (SOPs) in some ART facilities. Affected districts include; Mansa, Mbala, Kaputa and Mungwi. The reasons advanced for this include;

- Requests for the updated guidelines have not been made both at facility and district level to the MOH.

Action taken:
- Pharm/Lab unit to liaise with MOH for updated copies
- Currently HCWs are advised to refer to available information e.g. Management of HIV Art, Managing Opportunistic Infections reference manuals and LIMS training manuals.

Monitoring and Evaluation (M&E)
The M&E QA tool was administered in 82 health facilities in both graduated and non-graduated districts; the tool assesses the component of data management. The notable findings included the following:

Some ART facilities did not have the complete SmartCare data entry. Affected facilities were; Kasempa, Nchelenge, Mbala, Mungwi, Kaputa, Mpulungu and Kitwe. The reasons advanced for this include:

- DECs concentrated on other responsibilities assigned by the DHO than their core roles
- Constant power outages in some facilities (i.e. Kabuta, Kanyembo).
- A lack of seriousness by some DECs has contributed to this problem as well (i.e., Kashikishi, Nchelenge, and St. Paul's).
- Clinicians are not correctly completing the SmartCare forms.
- The frequency of SmartCare computers breaking down has been very high partly due to most PCs being too old.

Action Taken:
- DECs were oriented on complete update of smart care entries and were given deadlines to be adhered to.
- M&E unit to provide technical assistance and follow up on data entry updating on a Bi Weekly basis through reminders and on site checks on each visit to the facility
- On- going mentorship on the importance of completing the Smart Care forms for all clinicians.
- IT staff advised to promptly respond to smart care computer problems and constantly update the Anti-virus and replace old problematic computers

Some ART facilities do not have updated Pre-ART and ART registers. This was noted in the following districts; Kitwe, Nchelenge, Kasempa and Zambezi. Reasons advanced included:

- Most private sector facilities do not have exclusively dedicated staff for data management.
- Constant power outages and constant computer breakdowns in some facilities (i.e. Kanyembo).
- Lack of seriousness by some DECs has contributed to this problem as well (i.e., Kashikishi, Nchelenge, and St. Paul's).
- Facility Staff/DECs concentrated on updating SmartCare and not the registers

Action Taken:

- M&E officers to provide training and comprehensive on-site support in the documentation of events in the Pre-ART and ART registers to facility staff in the affected facilities.
- DECs were oriented on updating smart care entries and given deadlines to be adhered to.
- DECs assigned to update registers in private facilities to continue frequent visits to facilities.

Some facilities had inconsistent supply of tonner. Affected districts include; Mbala, Mpulungu, Isoka, Mafinga and Kaputa. The reasons advanced for this include:

- Not enough toner supplied to the DECs

Action Taken:

- Quantifications of tonner done and requests made for the procurement.

District graduation and sustainability plan

This quarter, Isoka District was graduated from the ZPCT II intensive technical support bringing the total to 25 graduated districts across the six supported provinces. The following districts; Mwense, Kasempa, Kapiri Mposhi, Masaiti and Mpongwe have been targeted for graduation in the third quarter of 2013.

PROGRAM AND FINANCIAL MANAGEMENT

Support to health facilities

Recipient agreements: This quarter, ZPCT II amended 61 recipient agreements (RAs) with five PMOs, 44 DMOs, 11 hospitals, and UTH to include additional support for equipment and renovations critical to supporting the expansion of HIV/AIDS services in the six supported provinces. Two new RAs were completed with Muchinga and Itezhi Tezhi PMO. This brings the total number of PMOs to six and DMOs to 45 supported through the RAs. In addition, ten new facilities were included towards the expansion for 2013 workplan, in the 45 supported districts bringing the total to ten MOH health facilities. Also, two subcontracts for partners (CHAZ and KARA) were amended to include additional activities for the year 2013.

Renovations: Of the 52 new refurbishments targeted for 2012, seven have been completed and the remaining 45 are expected to be completed within the next quarter. Assessments for an additional 24 refurbishments have been carried out for the year 2013 and tender documents are currently being developed and compiled. Environmental site assessments have also been carried out for the said 24 new health facilities

Mitigation of environmental impact

As an ongoing activity, ZPCT II monitored management of medical waste and environmental compliance in all of its supported renovations this quarter. Implementation of the plan developed for provision of incinerators, placenta pits and sewage disposal systems has commenced following budget re-alignment approval. A total of 27 incinerators have been targeted for refurbishment and fencing off to prevent scavenging.

Procurement

ZPCT II procured the following equipment as follows; one electronic balance, two water distillers, seven RPR shakers, one blood mixer, and five micro-pipettes. The equipment will be delivered to supported facilities in the next quarter. During this quarter not much was procured apart from receiving and distributing what was procured in the previous quarter (i.e. July to September 2012).

In the last quarter we reported that nine motor vehicles were procured for project use; the vehicles have not yet been delivered to the ZPCT II provincial offices due to the lengthy registration process. We anticipate delivery to the provinces to occur in the first quarter of 2013 once all formalities are concluded.

Implementation of RAs is on course: amendments were done during this quarter which included 6 PMO RAs,, 12 hospital RAs, one UTH RA and 45 DMOs RAs.

Human Resources

Recruitment
During this quarter, ZPCT II hired four staff to fill positions that had fallen vacant. In addition, recruitment plans are ongoing to fill 26 vacancies resulting from staff attrition

Training and Development
The ZPCT II staff attended training in the following areas during the reporting period:

- *Planning, Monitoring and Evaluation* : Training Officer from Lusaka was sponsored for this program
- *Using Quantitative and Qualitative Methods to Analyze Research and M&E Data:* Monitoring and Evaluation Officer from the ZPCT II Mansa office was sponsored for this program.
- HIV/AIDS conference for Nurses (ANAC)*:* One CT PMTCT Officer from the ZPCT II Solwezi office was sponsored for this program.

Annual Performance evaluations
During the period under review, annual performance evaluations were conducted for all ZPCT II staff. The outcome from this process informs training plans for implementation in the next quarter.

Finance

- Pipeline report: The cumulative obligated amount is $82,818,000, out of which we have spent $82,843,888 as of December 31st 2012. The current obligation for the work-plan year January -December 2012 is $25,506,000 and our current expenditure is 24,530,873.70. This represents 96.18% of the current obligation. The reporting period had a remaining obligation of $975,126.30. Using our current burn rate of $2,031,078, the remaining obligation is not enough to start the new work-plan period. However, USAID are working on an incremental obligation which will be approved in the next quarter beginning January 2013.

- Reports for Oct-Dec 2012
  - SF1034 (Invoice)
  - SF425 (quarterly financial report)

KEY ISSUES AND CHALLENGES

National-level issues

- **Staff shortage in health facilities**
  Shortage of staff in health facilities has remained an ongoing issue across all six provinces. ZPCT II supports task shifting; during this quarter, 284 community volunteers were trained in counseling and testing, PMTCT, child counseling and adherence counseling to support the HCWs in the health facilities.

- **Laboratory commodity stock-outs**
  Selected facilities reported low stocks and stock out of HIV test kits attributed to late /non-reporting and challenges with district level redistribution. However, HIV test kits were generally well stocked centrally throughout the quarter. Central level stock out of liver function monitoring test for Cobas Integra, Humalyzer 2000 and ABX Pentra C200 were experienced throughout the quarter with a few tests being available intermittently. Hematology reagents for Sysmex Poch 100-i. namely Poch pack 65, and for ABX Pentra 80 were also stocked out both centrally and at facility level. Most affected facilities were able to initiate self-procurement of these reagents while some facilities initiated specimen referral to facilities that had reagents. There was also a central stock out of EDTA specimen collection containers throughout the quarter and facilities had to self-procure to avoid disruption of services. Commodities were expected to be received centrally towards the end of the quarter. Towards the end of the quarter some facilities were stocked out of Hemocue Microcuvettes for hemoglobin estimation. In addition to placing stop gap procurements ZPCT II, continued redistributions where stock was available. DBS kits were also stocked out centrally with a few facilities reporting stock out. ZPCT II has continued provincial redistributions of supplies, national level monitoring and is following up the procurement of stock in collaboration with MOH and other partners (UNICEF and CHAI)

- **Equipment functionality and stock status**
  - *Cobas Integra:* Several major breakdowns of high throughput chemistry analyzers were reported during the quarter notably for Thompson, Ronald Ross and Mpika hospitals. To ensure minimal interruptions in service delivery, specimen referral activities have commenced in all these facilities. This has, however impacted on turnaround time and timely review of patients. ZPCT II is however, addressing the repair of equipment through close collaboration with the respective equipment vendor. As most of the faults involve breakdowns of major parts, repairs will require parts to be shipped from abroad and the cost of these is not included in the warranty or reagent bundle cost. Thus, ZPCT II has begun processing of documentation by ZPCT II to facilitate the repair of these instruments and the vendors are scheduled to conduct the repairs early next quarter.

  - *FACSCalibur:* This quarter, though commodities necessary for functionality of the FACSCalibur were replenished after being out of stock for a prolonged period of time, most instruments were still not being used. This is attributed to staff attitude, and in some cases it is evident that staff have lost competency on the equipment due to lack of practice. The need to refresh user operational skills has been addressed with the respective vendor who is planning for onsite training during the course of next quarter.

- **Renovations**
  The status has not changed with regard to inadequate space for service provision. Ongoing discussions with PMOs and DMOs to help them prioritize infrastructure development have not yielded tangible results. ZPCT II will continue to support limited renovations. ZPCT II has identified and will support refurbishments in 24 health facilities and tender documents are currently being developed.

ZPCT II programmatic challenges

- **Inadequate rotational shifts in the PCR laboratory**
  It has been noted that with the increased sample load, the 48 shifts approved for transport reimbursements is inadequate and a fulltime Biomedical Technologist/Scientist will need to be attached to the PCR laboratory from ADCH as indicated in the MOU between ZPCT II and ADCH management. ZPCT II will continue to discuss this with ADCH management although they have indicated that human resource is currently a constraint at the hospital.

- **Disposal of medical waste**
  A number of rural facilities still lack running water, incinerators, and septic tanks/soak ways which would facilitate proper disposal of medical waste. ZPCT II has revised the Environmental Mitigation and Management Plan (EMMP) to include provision and refurbishment of MOH approved incinerators in 27 facilities. Facilities currently using ordinary pits will be supported through procurement of requisite impervious polythene sheeting for lining of the waste disposal pits. ZPCT II will also work with facilities to ensure appropriate depth, location of and fencing off of waste disposal pits.

- **Gender Based Violence**
  Referral of GBV survivors continues to be a challenge due to limited presence of institutions offering supplementary services to survivors of GBV. The common type of referral taking place is between the health facility and the police. Institutions that offer services like shelter for battered women and abused children, economic empowerment (loans and business training), psychosocial counseling, legal protection etc. are rarely found in remote rural areas. ZPCT II will continue to work with stakeholders providing GBV related services and make appropriate referrals through its supported health facilities.

- **Specimen referral for CD4 count assessment**
  Non-functional motorbikes in most districts across the supported provinces have continued affecting specimen referral. This has contributed to the low number of positive pregnant women accessing CD4 count. This was further hampered by the stock out of EDTA bottles that occurred in some of the health facilities in the Copperbelt and North-Western Provinces. However, ZPCT II staff continued to follow-up on broken motorbikes for repair, and liaising with district lab coordinators to help in the procurement of EDTA bottles as well as encouraging facility staff in facilities with referral challenges to use WHO staging. Data entry clerks have also been encouraged to send CD4 results to PMTCT unit immediately they finish entering in the computers. ZPCT II staff mentored HCWs in correct documentation in the eMTCT registers. In addition, ZPCT II will be procuring 45 new motorbikes to replace old ones.

.

ANNEX A: Travel/Temporary Duty (TDY)

Travel this Quarter (October – December 2012)	Travel plans for Next Quarter (January – March 2013)
▪ Richard Nsakanya, Senior Advisor: Capacity Building travelled to Arlington, US from October 21 – 27, 2012 to attend training on project management and capacity building tools at Cardno HQ. ▪ Joshua Kashitala to traveled to India as part of the FHI 360 Zambia team from November 19 – 23, 2012 for the 2nd Zambia to India Bridge Project exchange visit ▪ Mabvuto Phiri, Provincial Technical Officer for Laboratory Services, travelled to attend the Logistics Management course for Drugs and Medical Commodities in Kenya from November 18 – 24, 2012. ▪ Bridget Chatora, Technical Officer for Laboratory Services, travelled to attend and make a poster presentation at the First International Conference of the African Society for Laboratory Medicine (ASLM) in Cape Town, South Africa from December 1-7, 2012	▪ Francoise Armand and Violet Ketani from Cardno HQ will travel to Lusaka to provide technical assistance on impact evaluations ▪ Silvia Gurrola-Bonilla from Social Impact will travel to Lusaka to provide on-site technical support for strengthening gender integration into ZPCT II work from February 9 – 16, 2013

ANNEX B: Meetings and Workshops this Quarter (Oct. – Dec., 2012)

Technical Area	Meeting/Workshop/Trainings Attended
PMTCT/CT	**12 to 16 November, 2012** *Training Curriculum review meeting:* This meeting was held at JHPIEGO offices. ZPCT II staff attended a 5 day meeting organized by JHPIEGO in collaboration with the MOH to review the training package for lay workers.
	November 8, 2012 *FP TWG meeting:* ZPCT II attended the FP TWG meeting held at Ministry of Community Development Mother and Child Health Offices **(MCD MCH).** The meeting aim at introducing Implementing Best Practices on FP to TWG members with the objectives of learning more about documenting Best Practices and learning more on how to foster change in RH services. It was agreed that information sharing among FP TWG members through use of good learning and sharing opportunities from Best Practices should be strengthened.
	November 22 – 23, 2012 *2013 – 2017 Annual FP Forecasting and Quantification meeting:* The meeting was held at Gonde Lodge in Kabwe district of Central province. The objectives of the meeting were to provide an overview on Essential Medicine Logistics Improvement Program (EMLIP) and 2011 Forecast and quantification (2012 – 2015), revise and build consensus on assumptions for 2013 – 2017 forecast and develop the 2013 contraceptive supply chain. Due to low FP uptake in Zambia, plans to increase the FP uptake using the pregnancy test were also discussed.
	November 28, 2012 *Monthly SMGL meeting:* ZCAHRD hosted the meeting to discuss SMGL activities in the four districts including summary reports from the same districts. Plans to expand SMGL to more districts were also discussed and USAID are working on the proposal for SMGL project for phase II.
	November 28, 2012 *Official launch of the HIV Testing and Counseling (HTC) project:* The meeting was held at Radisson BLU Hotel to officially launch the new CDC funded HTC project whose principle objective is to improve and expand access and uptake of HTC for individuals, couples and families. The project will be implemented in three provinces (Lusaka, Southern and Western provinces) by Intra Health International.
	November 29, 2012 *Religious Leaders Breakfast meeting*: The meeting was held at Baha'i National Office and was organized by ZINGO (Zambia Interfaith networking Group on HIV/AIDS) supported by SHARe II project. The meeting discussed roles of religious leaders in the fight against HIV and AIDS within the context of National HIV/AIDS strategic framework, partnerships with religious Communities to Ensuring ZERO HIV infections. It was also agreed that theological students be trained in HIV/AIDS before they complete their training.
	December 5, 2012 *Family Planning Technical Working Group monthly meeting:* This meeting was held at SUFPZ Offices. The discussed the Rwanda Trip Report summary, reviewed the CBD roadmap. The meeting also talked about the dissemination meeting updates (London Summit) and the next steps on policy change steps.
	December 7, 2012 *The eMTCT monthly Technical Working Group meeting:* This was held at the MOH to discuss the option B+ way forward, the Impact study proposal, the Zambia PMTCT evaluation concept , the Pratt Pouch, and the assessment of PMTCT policies. The Option B+ has been chosen as the way forward for Zambia by the Ministry of Health as the GRZ policy is to provide test and treat more or less, as stated by the Hon. VP during launch of VCT day. Option B will result in the increase in the number of people on HAART for all pregnant women and the expansion of the eMTCT sites from the current 509 to 1200. The target for the ministry with regards to eMTCT is to have zero infection by 2015. Business case is under review by Ministry of Health senior management
	December 13, 2012 Monthly SMGL meeting: the meeting was held at CDC offices to discuss SMGL major achievements, challenges and activities worth replicating in the four districts. The partners are optimistic that we will very quickly have maternal mortality substantially reduced in Zambia. The MDG targets seem quite reachable. There was discussion on the possible phase two activities. The CSO presented the preliminary Baseline Census Survey to be release later after.
MC	**Sept 29, 2012** *Joint stakeholders' meeting on scale up of MC services at Hotel Intercontinental:* ZPCT II participated in this meeting by making a presentation on its VMMC program. The meeting was designed to review the National VMMC performance and recognize the efforts of HCWs in the delivery of MC services. This meeting brought together MC program coordinators, DMOs and PMOs under the coordination of the ministry of health with sponsored from Jhpiego.

Technical Area	Meeting/Workshop/Trainings Attended
	October 11, 2012 *National MC Technical Working Group Meeting at MOH:* ZPCT II attended and participated in this monthly TWG meeting in which MOH gave national progress reports on VMMC overall and by partner's contributions. Additional for partners to provide National MC Campaign progress reports to MOH
	November 5- 7, 2012 *Implementing the Operational Plan: Voluntary Medical Male Circumcision Stakeholders Planning workshop at Taj Pamodzi hotel*: ZPCT II attended and participated in this meeting designed to formulate the national VMMC work plan. The final National VMMC Work plan" document will map out all planned MC activities across program areas and organizations (including timelines, and expected outputs). In addition it was to help define key program goals and timelines across areas (Service Delivery, Demand Generation, M&E, etc.)And act to identify any programmatic gaps which need to be addressed (including the development of solutions for addressing potential gaps) so as to leverage resources across the country.
	November 7, 2012 *National MC Technical Working Group Meeting at Taj Pamodzi hotel:* ZPCT II participated in this meeting that was designed to review plan for conducting an MC campaign in month December. The meeting also reviewed suggestions from PMOs on how they can increase support supervision of the VMMC program during and after the campaigns.
	November 30, 2012 *National MC Technical Working Group-Advocacy exhibition at National Assembly* This event was focused on VMMC service delivery and is a follow-up to the VMMC sensitization meeting for Parliamentarians that was held on Nov. 19th. The event was used as a platform for the MOH to increase awareness about the December MC campaign. Statements were made by both MOH representatives and MPs who have agreed to take on advocacy roles.
	December 12, 2012 *National MC Technical Working Group Meeting at MOH Boardroom, Lusaka.* ZPCTII participated in this meeting that was designed to develop the national plan for carrying out another national VMMC campaign for the month of December 2012. To facilitate target setting, the country VMMC performance update was given that showed that 132,222 MCs had been reported to date. Each partner was asked to set their own target based on their coverage so ZPCT II proposed a target of 5,000 MCs for the month of December 2012.
	December 11, 2012 *MC Adverts- Creative Agency Presentations Bids Evaluation at Society for Family Health :* This meeting was designed for MOH and partners to be part of the evaluating team for the MC Promotion outputs(TV adverts, Radio adverts, Billboard and slogan
ART/CC	**November 20 - 21, 2012** *Annual ART Update seminar at Hotel InterContinental; Lusaka* ZPCT II participated in two days Annual ART update seminar.
	November 15, 2012 *SmartCare Technical Working Group Meeting;* ZPCT II participated in this meeting called by MOH to develop Terms of Reference (TORs) for the SmartCare TWG to review operation challenges and find a way forward.
	November 16 – 19, 2012 *ART TWG sub-committee meeting; Siavonga* ZPCT II participated in this three day meeting to develop a standardized Continuous Medical Education (CME) training package for frontline HCWs with the help of other stakeholders such pharmaceutical companies who have latest drug information on clinical trials. The meeting also considered Pre-exposure prophylaxis and PEP guidelines and B+ option for pregnant women.
	December, 16 – 18, 2012 *ART TWG sub-committee meeting; Chisamba* ZPCT II participated in this two day meeting to review Advanced Treatment Center (ATC) Guidelines for patients failing second-line ART, review of clinical forms for the same clients facility and use of alternative PI drug choices for the country based on available scientific evidence.
Laboratory	**October 2, 2012** *Beckton Dickinson and ZPCT II meeting:* ZPCT II discussed FACSCount installations with the Beckton Dickinson Regional Representative. This was prompted by UNICEF procured equipment that needed to be assigned according to need in the Luapula province. Nine instruments were scheduled for installation
	October 2, 2012 *Strengthening Laboratory Management Toward Accreditation meeting:* ZPCT II participated in a major SLMTA meeting held at MOH together with CDC. The team mapped out strategies on how to implement quality activities and further shared facilities to be visited for improvement project follow up.
	October 5, 2012 *Laboratory TWG meeting:* ZPCT II hosted the quarterly laboratory technical working group meeting. Various issues were discussed at this meeting included the finalization of the PIMA Field Evaluation report, Gene X-pert implementation and all the technical concerns and also the implementation of SLIPTA

Technical Area	Meeting/Workshop/Trainings Attended
	using the SLMTA tool.
	October 22, 2012 *Gene X-pert TWG meeting:* ZPCT II participated in the Gene X-pert Technical Working Group meeting and deliberated on the request to have non-lab health workers operate the instrument. ZPCT II was therefore incorporated onto a technical team that would analyse how the instrument would be used and was further made part of specific technical teams to look at for example the testing algorithm and SWOT analysis.
	October 22, 2012 *Consultative meeting:* ZPCT II consulted with CDC on the revised approach to training in quality management systems, and did a preliminary review of training content. It was generally agreed that in order not to deviate, the SLMTA model should ideally be used.
	November 2, 2012 *Gene X-pert Meeting:* ZPCT II participated in a follow up Gene X-pert meeting with TB Care, National TB Program, CDC, ZAMBART and other partners that focused on the improvement of multi drug resistant TB case detection, increase of access to rapid laboratory diagnosis and the improvement of diagnosis of TB among smear negative cases for people living with HIV.
	November 11 – 15, 2012 *Program Mwana:* ZPCT II in collaboration with Ministry of health participated in the M-Health TOT workshop for North western province. The main purpose of this training was to train provincial trainers of trainers for roll out of the M health program in the province. A total of 18 participants were trained on Results160 and RemindMI modules. Participants include staff form Provincial health office selected district health and selected staff from ZPCT II Solwezi office.
	November 30 – December 8, 2012 ZPCT attended The African Society of Laboratory Medicine (ASLM) congress in Cape town South Africa, where PIMA Point of Care CD4 Analyser pilot results were presented as a poster presentation .ZPCTII also took part in a symposium on Strengthening Laboratory Management Toward Accreditation (SLMTA).The ASLM Congress focused on feedback and updates on the implementation of step wise laboratory improvement towards accreditation (SLIPTA), Unique country experiences were presented providing opportunity for other country's to learn new practices and different approaches. Various ministries of health were represented by Ministers who shared country involvement for laboratory improvement toward accreditation and highlighted the need for governments to devise specific policies to support laboratory accreditation. In attendance included MOH Zambia CHAI, CDC CIDRZ UHT lab, Ndola Central Hospital lab and ZPCT II.
	Dec 11 ,2012 *Pop ART Laboratory Logistics and Procurement:* ZPCT II took part in a meeting for the POP-ART study held at Ministry of health .The purpose of this meeting was to discuss equipment service and maintenance for laboratory equipment required to support ART-related testing during the Pop ART. The meeting focused on discussing the proposed equipment service contracts submitted to MOH by various equipment vendors. In attendance were equipment vendors BIOGROUP, The Scientific Group and BD Biosciences. Partners in attendance included CHAI, CDC SCMS-JSI, CIDRZ, CHAZ ZAMBART and ZPCT II.
Pharmacy	**October 2 – 4, 2012** *National Pharmacy Mentorship TOT Workshop:* Nominated members from different organizations including ZPCT II facilitated at a three day TOT workshop for the six mentors that were identified to spearhead this activity in preparation of the roll out of the program. The training was successful and the first pilot phase of which Lusaka and Copperbelt provinces participated was done and a report was availed to MOH.
	November 05 - 06, 2012 *SOPs Consensus Meeting*: ZPCT II in collaboration with MOH and other stakeholders hosted and participated in a two's meeting to finalize and adopt the draft copy of the revised manual. A final document was formulated for review. The draft copy will be sent for type setting with support from UNICEF.
	November 20 - 21, 2012 *National ART Update Seminar:* ZPCT II participated in this annual event in collaboration with MOH and other cooperating partners to discuss latest developments in HIV and AIDS services. This year CHAZ and AIDSRELIEF were hosting and a wide representation from all over Zambia was noted.
	November 26 - 28, 2012 *Community Health Assistant (CHA) Logistics Systems Design Workshop:* USAID Deliver project in collaboration with MOH held this three day workshop in Siavonga The main aim was to come up with a logistics system to enable the CHAs to have access to commodities following the approved MOH supply chain systems on the ground. It was concluded that this cadre who will be stationed at the Health Post will be linked to the nearest Health Center within the catchment area and will be allowed to obtain specific

Technical Area	Meeting/Workshop/Trainings Attended
	products on a monthly basis using the forced ordering system. Inventory control procedures will also be applicable as specified by MOH standards. .
Strategic Information (M&E – QA/QI)	**November 26 – 29, 2012** *SI Unit Meeting:* The unit had a meeting in Lusaka where new indicators were discussed and refined both in terms of meaning and method of collection. The M&E Procedures Manual was also updated.

ANNEX C: Activities Planned for the Next Quarter (Jan. – Mar., 2013)

Objectives	Planned Activities	2013		
		Jan	Feb	Mar
Objective 1: Expand existing HIV/AIDS services and scale up new services, as part of a comprehensive package that emphasizes prevention, strengthens the health system, and supports the priorities of the MOH and NAC.				
1.1: Expand counseling and testing (CT) services	Provide ongoing technical assistance to all supported sites	x	x	x
	Train 123 HCWs and 100 Lay counselors in CT courses.	x	x	x
	Escort clients who tested HIV-positive from CT corners to the laboratory for CD4 assessment to avoid loss of clients for the service before referring them to ART services especially facilities with Labs	x	x	x
	Improve follow up for CT clients testing HIV negative by encouraging re-testing in three months and referring them appropriately to MC, FP & other relevant community based services.	x	x	x
	Strengthening the youth friendly activities and creation of more youth friendly corners	x	x	x
	Strengthen CT services in both old and new sites and mentor staff on correct documentation in the CT registers	x	x	x
	Strengthen access of HIV services by males and females below 15 years	x	x	x
	Strengthen child CT in all under five clinics	x	x	x
	Administer QA/QI tools as part of technical support to improve quality of services and strengthen counseling supervision quarterly meetings	x	x	x
	Continue strengthening the use of CT services as the entry point for screening for other health conditions: a) symptom screening and referral for testing for TB, as appropriate, intensified case-finding efforts, and b) counseling and screening for general health and major chronic diseases, such as hypertension and diabetes especially North-Western and Central Province where the service is weaker. , Pilot is pending review and to be done this quarter	x	x	x
	Strengthen implementation of PwP activities for those who test HIV positive, condom education and distribution including behavior change communication strategies	x	x	x
	Strengthen couple-oriented CT in all the supported provinces putting emphasis to all discordant couples to ensure that the positive partner is initiated on HAART as per new national ART guidelines	x	x	x
	Strengthen integration of routine CT to FP, TB, MC and other services with timely referrals to respective services.	x	x	x
	Strengthen referral system between facility-based youth friendly corners and life skills programs	x	x	x
	Conduct mobile CT for hard to reach areas in collaboration with CARE international	x	x	x
	Strengthen referral from mobile CT for those who test positive through referral tracking and accompanied referral by lay counselors as needed, to appropriate facility and community services including PMTCT, ART, clinical care and prevention	x	x	x
	Plan for MC counseling trainings for ZPCT II PMTCT/CT officers and health providers in conjunction with MOH and other partners	x	x	x
	Improve number of clients screened for gender based violence and participate in the gender trainings. Youths will continue to be sensitized on their rights and the need to report GBV related issues to appropriate centers	x	x	x
	Strengthen integration of gender into CT programming during CT courses in collaboration with ZPCT II Gender unit	x	x	x
	Screening for gender based violence (GBV) within CT setting	x	x	x
	Strengthen the use of community PMTCT counselors to address staff shortages	x	x	x
	Strengthen provision of gender sensitive prevention education, adherence support and mother-baby pair follow up in the community through the use of trained TBAs/PMTCT lay counselors.	x	x	x
	Routinely offer repeat HIV testing to HIV negative pregnant women	x	x	x

Objectives	Planned Activities	2013		
		Jan	Feb	Mar
1.2: Expand prevention of mother-to-child transmission (PMTCT) services	in third trimester with immediate provision of ARVs for those that sero convert			
	Train 155 HCWs and 130 Lay counselors in eMTCT to support initiation and strengthen eMTCT services.	x	x	x
	Continue the implementation of the HIV retesting study with data collection in the 10 sites targeted across the five of the six supported provinces		x	x
	Operationalize the use of the of the new 2013 eMTCT guidelines in the old facilities and new facilities	x	x	x
	Support the implementation of Option B+ as part of eMTCT strategies once a policy decision has been made by the MOH	x	x	x
	Orient facility staffs on B+ option.	x	x	x
	Strengthen and expand specimen referral system for DBS, CD4 and other tests with timely results and feed back to the clients.	x	x	x
	Procure point of service haemoglobin testing equipment to facilitate provision of more efficacious AZT-based ARVs particularly in the new facilities	x	x	x
	Support primary prevention of HIV in young people as part of eMTCT interventions by supporting youth-targeted CT and education on risk reduction, through promotion of abstinence, monogamy and consistent condom use	x	x	x
	Strengthen family planning integration in HIV/AIDS services with male involvement	x	x	x
	Expand nutrition messages on exclusive breastfeeding and appropriate weaning in collaboration with the IYCN program	x	x	x
	Strengthen the provision of more efficacious ARV regimens for eMTCT	x	x	x
	Incorporate ZPCT II staff in MOH provincial and district supportive and supervisory visits to selected ZPCT II supported sites	x	x	x
	Strengthen implementation/use of PwP within eMTCT services for those who test positive through training using the PwP module in the eMTCT training as well as incorporating PwP messages in counseling for HIV positive ANC clients and referral to ART, family planning and other appropriate services as needed.	x	x	x
	Administer QA/QI tools as part of technical support to improve quality of services	x	x	x
	Support implementation/strengthen use of new revised provider training packages for facility and community based providers to include gender based activities in line with the revised eMTCT 2013 protocol guidelines and norms for service delivery within eMTCT setting	x	x	x
	Support and strengthen gender based activities through creation of male friendly approaches where male providers meet with male clientele and reorganize client flow as needed in antenatal/eMTCT rooms to accommodate partners	x	x	x
	Strengthen mother-baby follow up including initiation of cotrimoxazole prophylaxis, extended NVP prophylaxis and DBS sample collection at six weeks and repeated at six months for HIV exposed babies with improved cohort documentation in tracking register	x	x	x
	Strengthen documentation of services in supported facilities	x	x	x
	Continue working with PMTCT community counselors to establish and support HIV positive mother support groups at the facility and community levels	x	x	x
	Work in collaboration with CARE to promote and strengthen male involvement through incorporation of messages on male involvement in eMTCT and family planning service. Also promote formation of male groups within the groups to help in male involvement	x	x	x
	Continue implementation of exchange visits for learning purposes in selected model sites for eMTCT	x	x	x
	Provide supervision, guidance and support to communities on the use	x	x	x

Objectives	Planned Activities	2013		
		Jan	Feb	Mar
	of bicycle ambulances (Zambulances) to promote delivery at health facilities and to facilitate transportation of expectant mothers for deliveries at health facilities			
	Strengthen eMTCT outreach in peri-urban and remote areas including the use of mobile clinics, linkages to ART services and the utilization of community volunteers to mobilize pregnant women and their partners to access eMTCT services	x	x	x
	Revise and print 1000 copies of updated Job aids in line with option B+ and distribute them to supported facilities.	x	x	x
	Integrate family planning and HIV services and improve access of FP services through effective referrals, and promote prevention with positives.	x	x	x
1.3: Expand treatment services and basic health care and support	Conduct monthly, comprehensive technical assistance (TA) visits to ART and selected PMTCT/CT facilities across six provinces to support expansion and provision of quality, gender sensitive ART services that includes provision of prophylaxis and treatment of OIs , palliative care, PEP, nutritional and adherence counseling and linked to OPD, in-patient, STI, TB, C&T, ANC/MCH, and Youth Friendly Services, using MOH standards/guidelines	x	x	x
	Conduct ART/OI trainings for HCWs (ART/OI, ART/OI refresher, ART In-house, ART/OI Mop-up, pediatric ART, and Adherence counseling)	x	x	x
	TB/HIV integration by improving documentation in all MOH register as well as collaborative facility meeting	x	x	x
	Implement the early TB-HIV co-management in all supported sites	x	x	x
	Scale up the initiation of HAART for eligible clients in discordant relationships	x	x	x
	Improved PMTCT client linkage through training of MCH nurses in ART/OI for easy assessment and HAART initiation for eligible pregnant women	x	x	x
	Screening of ART clients in the ART clinics for chronic conditions including diabetes and hypertension	x	x	x
	Strengthen facility ability to use data for planning through facility data review meeting	x	x	x
	Strengthen the operationalization of the Short Message System (SMS) technology pilot for defaulting clients and fast-tracking DNA PCR HIV test results for EID	x	x	x
	Administer QA/QI tools as part of technical support to improve quality of services	x	x	x
	Strengthen roll-out and implementation new Post Exposure Prophylaxis (PEP) Register	x	x	x
	Continue implementation of Cotrimoxazole provision for eligible adults and pediatric clients	x	x	x
	Support pilot implementation of adolescent transition toolkit for adolescents in high volume sites	x	x	x
	Conduct quarterly mentorship sessions in ten model sites across the ZPCT II provinces	x	x	x
	Supportive supervision to 35 HIV nurse practitioner as part of task shifting on ART prescribing from doctors/clinical officers to nurses	x	x	x
1.4: Scale up male circumcision (MC) services	Conduct monthly, comprehensive technical assistance (TA) visits to 55 facilities across six provinces to support expansion and provision of quality MC services, and integration with CT services, using MOH standards/guidelines	x	x	x
	Train HCWs in male circumcision from ZPCT II supported sites providing MC services.	x	x	x
	Support post-training follow up and on-site mentoring of trained facility staff by UTH in all six provinces	x	x	x
	Orient MC facility teams on the new MOH VMMC registers and client intake form in all 55 MC sites	x	x	x

Objectives	Planned Activities	2013		
		Jan	Feb	Mar
	Conduct one VMMC outreach in 38 districts across the supported provinces	x	x	x
	Conduct five mobile VMMC promotion Campaign program with the PMO on Community radio.	x	x	x
	Conduct VMMC community promotion around 50 MC static sites	x	x	
	Support community mobilization activities for MC in collaboration with CARE	x	x	x
Objective 2: Increase the involvement and participation of partners and stakeholders to provide a comprehensive HIV/AIDS service package that emphasizes prevention, strengthens the health system, and supports the priorities of the MOH and NAC				
2.1: Strengthen laboratory and pharmacy support services and networks	Submit final draft SOPs Manual	x		
	Provide support for the printing and dissemination of the revised pharmacy SOPs manual		x	x
	Participate in the national pharmacovigilance planned activities		x	
	Support to the MOH pharmacy mentorship program	x		
	Provide ongoing technical oversight to provincial pharmacy and lab technical officers	x	x	x
	Provide ongoing technical assistance to all the supported sites	x	x	x
	Support the provision of and promoting the use of more efficacious regimens for mothers on PMTCT program	x	x	x
	Assist pharmacy staff to correctly interpret laboratory data such as LFTs and RFTs in patient files as an aspect of good dispensing practice	x	x	x
	Monitoring of facility staff in use of Nevirapine in line with extended use for infants	x	x	x
	Review and update ART Commodity management training package	x	x	x
	Participate in national quartely review for ARV drugs for ART and PMTCT programs	x	x	x
	Support the implementation of the Model Sites mentorship program	x	x	x
	Strengthen pharmaceutical and laboratory services in the private sector	x	x	x
	Ensure provision of medication use counselling and constant availability of commodities for PEP program at designated corners.	x	x	x
	Strengthen and expand the specimen referral system for DBS, CD4 and other baseline tests in supported facilities	x	x	x
	Train HCWs in equipment use and maintenance, and ART commodity management	x		
	Coordinate and support the installation of major laboratory equipment procured by ZPCT II in selected sites	x	x	x
	Promote usage of tenofovir based regimens and newly introduced FDCs ans monitor use of Abacavir baased regimen as alternate 1st line	x	x	x
	Monitoring in use of newly introduced FDCs for paediatric and adult HIV clients in ZPCT II supported ART facilities	x	x	
	Ensure constant availability, proper storage and inventory control of male circumcision consumables and supplies		x	
	Administer QA/QI tools and address matters arising as part of technical support to improve quality of services		x	x
	Support the dissemination of guidelines and SOPs for laboratory services.	x	x	
	Support the improvement of laboratory services in preparation for WHO AFRO accreditation at two ZPCT II supported sites.	x	x	x
	Monitor and strengthen the implementation of the CD4 testing EQA program .	x	x	x
	Support the collection of results from further rounds of HIV EQA program in collaboration with the MOH and other partners at ZPCT II supported facilities		x	
	Participate in the roll-out and implementation of the new SmartCare-integrated ARTServ Dispensing tool in ZPCT II facilities	x	x	x
	Support on the job training of facility staff in monitoring and reporting of ADRs in support of the national pharmacovigilance	x	x	

Objectives	Planned Activities	2013		
		Jan	Feb	Mar
	program.			
2.2: Develop the capacity of facility and community-based health workers	Trainings for healthcare workers in ART/OI, pediatric ART, adherence counseling and an orientation on prevention for positives	x	x	x
	Trainings for community volunteers in adherence counseling, orientation in enhanced TB/HIV collaboration and prevention for positives	x	x	x
	Train HCWs in equipment use and maintenance, and ART commodity management	x	x	x
	Train HCWs and community volunteers in the various CT and PMTCT courses	x	x	x
	Train people living with HIV/AIDS in adherence counseling		x	
	Conduct community mapping in seven new districts to initiate referral network activities.		x	x
Objective 3: Increase the capacity of the PMOs and DMOs to perform technical and program management functions.				
	Training for management personnel at PMO, DMO and facility level in Annual performance appraisal system (APAS) and Financial Management Systems (FMS)	x	x	x
	Develop assessment tools for assessing capacity building needs	x	x	
	Conduct assessments in the rest of the PMOs and DMOs and determine capacity building interventions	x	x	
	Develop training modules	x		
Objective 4: Build and manage public-private partnerships to expand and strengthen HIV/AIDS service delivery, emphasizing prevention, in private sector health facilities.				
	Conduct technical assistance visits (as part of TA visits described above) to 30 private sector facilities to implement quality CT, PMTCT, clinical/ART, MC, laboratory and pharmacy services, and integration into MOH National Logistics and M&E Systems.	x	X	x
	Conduct training for health care workers in CT, PMTCT, family planning, ART, MC (where feasible), pharmaceutical services management and laboratory services as part of the trainings	x	x	x
	Providing on-site post training mentorship to ensure MOH standards are followed and this will include provision of job aids, national protocol guidelines, standard operating procedures (SOPs) and regular technical assistance on their usage	x	x	x
	Facilitating the process of linking the clinics to the MOH commodity supply chain for ARVs, where feasible in line with the MOH guidelines/policies	x	x	x
	Mentorship in data collection using MOH data collection tools in line with the "MOH three ones principle" on monitoring and evaluation, as part of TA visits described above	x	x	x
Objective 5: Integrate service delivery and other activities, emphasizing prevention, at the national, provincial, district, facility, and community levels through joint planning with the GRZ, other USG and non-USG partners.				
	No activities planned			
M&E and QA/QI				
	Conduct data audits in all provinces to ensure reliability of data reported and set up a system to amend reports, when needed		x	x
	Update GIS coordinates, in conjunction with MOH, for Health Facilities which are not yet mapped			x
	Update and maintain PCR Lab Database, training database and M&E database	x	x	x
	Provide on-site QA/QI technical support in two provinces			x
	Facilitate the implementation of QAQI systems in MC sites on the Copperbelt			x
	Provide technical support to SmartCare in conjunction with MOH and other partners	x	x	
	Provide M&E support to model sites		x	
	Provide field support to Chronic Health Care checklist and MC and PCR databases in selected Copperbelt sites		x	x
	SI unit participation in the SmartCare national training for the national upgrade.	x	x	x
	National SmartCare training targeting the provincial health staff.		x	

Objectives	Planned Activities	2013		
		Jan	Feb	Mar
	National SmartCare training scheduled to take place by August 2012		x	
Program Management				
Program	Monitor implementation of monitoring plan and tools by provincial offices	x	x	x
	Approval of contracts for new renovations for year four	x	x	
	Amendment of recipient agreements and subcontracts	x	x	
	Delivery of equipment and furniture to ZPCT II supported facilities		x	x
	Training of ASWs, conduct community mobile CT and community-facility referrals for CT, PMTCT, and MC	x	x	x
	Facilitate district referral network meetings	x	x	x
	Provide sub grants to selected CBOs/NGOs		x	x
Capacity Building	Conduct five refresher trainings in Planning, Governance, HR and Finance in North-Western, Luapula, Copperbelt and Central Provinces.	x	x	x
	Facilitate Human Resources and Finance mentorships in 44 districts	x	x	x
	Facilitate collection of management Indicators in 25 graduated districts	x	x	x
	Submit report on Indicators to ZPCT II Lusaka office			x
Gender	Collect information for producing a comprehensive toolkit for community level sensitization on GBV and for addressing harmful male norms and behaviors that increase both men's and women's risk for HIV		x	
	Orient ZPCT II training consultants in gender integration		x	
	Continue mapping and updating the directory of service providers for GBV related services.	x	x	x
	Finalize QA/QI checklist to supervise gender integration		x	x
	Conduct monitoring visits to Northern and Central provinces		x	
	Attend collaborative meetings with ZPI, Care and COH	x	x	x
Finance	FHI finance team will conduct financial reviews of FHI field offices, and subcontracted local partners under ZPCT II project	x	x	x
HR	Team building activities for enhanced team functionality		x	x
	Facilitate leadership training for all staff in supervisory positions	x	x	x
	Facilitate total quality management training across ZPCT II for enhanced efficiency and coordination amongst staff			x
	Recruitment of staff to fill vacant positions	x	x	x
IT	Staff Training on Office365	x	x	x
	Migration to Office365	x	x	
	Follow Up on CDC Computers	x	x	x
	Procurement of ZPCT II staff computers	x	x	x
	Completion of Assets data entry in Pastel Software	x	x	x

ANNEX D: ZPCT II Supported Facilities and Services

Central province

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	MC
Kabwe	1. Kabwe GH	Urban	◆2	◆	◆	◆	◆3		
	2. Mahatma Gandhi HC	Urban	◆1	◆	◆	◆	◆3		
	3. Kabwe Mine Hospital	Urban	◆2	◆	◆	◆	◆3		⦿1
	4. Bwacha HC	Urban		◆	◆	◆	◆3		
	5. Makululu HC	Urban	◆1	◆	◆	◆	◆3		
	6. Pollen HC	Urban	◆1	◆	◆	◆		◆	
	7. Kasanda UHC	Urban	◆1	◆	◆	◆	◆3		
	8. Chowa HC	Urban		◆	◆	◆	◆	◆	
	9. Railway Surgery HC	Urban		◆	◆	◆	◆	◆	
	10. Katondo HC	Urban	◆1	◆	◆	◆	◆3		
	11. Ngungu HC	Urban	◆1	◆	◆	◆	◆3		⦿1
	12. Natuseko HC	Urban	◆1	◆	◆	◆	◆	◆	
	13. Mukobeko Township HC	Urban		◆	◆	◆		◆	
	14. Kawama HC	Urban		◆	◆	◆		◆	
	15. Kasavasa HC	Rural		◆	◆	◆		◆	
	16. Nakoli UHC	Urban		◆	◆	◆			
	17. Kalwelwe RHC	Rural							
Mkushi	18. Mkushi DH	Urban	◆2	◆	◆	◆	◆3		⦿1
	19. Chibefwe HC	Rural		◆	◆	◆		◆	
	20. Chalata HC	Rural	◆1	◆	◆	◆	◆	◆	
	21. Masansa HC	Rural	◆1	◆	◆	◆	◆3		⦿1
	22. Nshinso HC	Rural		◆	◆	◆		◆	
	23. Chikupili HC	Rural		◆	◆	◆		◆	
	24. Nkumbi RHC	Rural		◆	◆	◆			
	25. Coppermine RHC	Rural		◆	◆	◆			
Serenje	26. Serenje DH	Urban	◆2	◆	◆	◆	◆3		⦿1
	27. Chitambo Hospital	Rural	◆2	◆	◆	◆	◆3		⦿1
	28. Chibale RHC	Rural		◆	◆	◆		◆	
	29. Muchinka RHC	Rural		◆	◆	◆		◆	
	30. Kabundi RHC	Rural		◆	◆	◆		◆	
	31. Chalilo RHC	Rural		◆	◆	◆		◆	
	32. Mpelembe RHC	Rural	◆1	◆	◆	◆	◆	◆	
	33. Mulilima RHC	Rural		◆	◆	◆		◆	
	34. Gibson RHC	Rural		◆	◆	◆			
	35. Nchimishi RHC	Rural		◆	◆	◆			
	36. Kabamba RHC	Rural		◆	◆	◆			
	37. Mapepala RHC	Rural							
Chibombo	38. Liteta DH	Rural	◆2	◆	◆	◆	◆3		⦿1
	39. Chikobo RHC	Rural		◆	◆	◆		◆	
	40. Mwachisompola Demo Zone	Rural	◆1	◆	◆	◆	◆3		
	41. Chibombo RHC	Rural		◆	◆	◆		◆	⦿1
	42. Chisamba RHC	Rural	◆1	◆	◆	◆	◆3		
	43. Mungule RHC	Rural		◆	◆	◆		◆	

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	MC
	44. Muswishi RHC	Rural		◆	◆	◆		◆	
	45. Chitanda RHC	Rural		◆	◆	◆	◆3		
	46. Malambanyama RHC	Rural		◆	◆	◆		◆	
	47. Chipeso RHC	Rural		◆	◆	◆		◆	
	48. Kayosha RHC	Rural	◆2	◆	◆	◆		◆	
	49. Mulungushi Agro RHC	Rural		◆	◆	◆		◆	
	50. Malombe RHC	Rural		◆	◆	◆		◆	
	51. Mwachisompola RHC	Rural		◆	◆	◆		◆	
	52. Shimukuni RHC	Rural		◆	◆	◆		◆	
Kapiri Mposhi	53. Kapiri Mposhi DH	Urban		◆	◆	◆	◆3		
	54. Kapiri Mposhi UHC	Urban	◆2	◆	◆	◆	◆3		
	55. Mukonchi RHC	Rural	◆2	◆	◆	◆	◆3		⦿1
	56. Chibwe RHC	Rural		◆	◆	◆		◆	
	57. Lusemfwa RHC	Rural		◆	◆	◆		◆	
	58. Kampumba RHC	Rural	◆1	◆	◆	◆		◆	
	59. Mulungushi RHC	Rural		◆	◆	◆		◆	
	60. Chawama UHC	Rural		◆	◆	◆		◆	
	61. Kawama HC	Urban		◆	◆	◆		◆	
	62. Tazara UHC	Rural		◆	◆	◆		◆	
	63. Ndeke UHC	Rural		◆	◆	◆		◆	
	64. Nkole RHC	Rural	◆1	◆	◆	◆		◆	
	65. Chankomo RHC	Rural		◆	◆	◆		◆	
	66. Luanshimba RHC	Rural		◆	◆	◆		◆	
	67. Mulungushi University HC	Rural		◆	◆	◆	◆	◆	
	68. Chipepo RHC	Rural		◆	◆	◆		◆	
	69. Waya RHC	Rural	◆1	◆	◆	◆		◆	
	70. Chilumba RHC	Rural		◆	◆	◆		◆	
Mumbwa	71. Mumbwa DH	Urban		◆	◆	◆	◆3		
	72. Mumbwa UHC	Urban		◆	◆	◆			⦿1
	73. Myooye RHC	Rural		◆	◆	◆		◆	
	74. Lutale RHC	Rural		◆	◆	◆		◆	
	75. Mukulaikwa RHC	Rural		◆	◆	◆		◆	
	76. Nambala RHC	Rural		◆	◆	◆			
Itezhi Tezhi	77. Itezhi Tezhi DH	Urban							
	78. Masemu RHC	Rural							
	79. Kaanzwa RHC								
Totals			**24**	**74**	**74**	**74**	**26**	**46**	**10**

ART – Antiretroviral Therapy; CC – Clinical Care; CT – Counseling and Testing; PMTCT – Prevention of Mother to Child Transmission; MC – Male Circumcision

◆ **ZPCT II existing services**	**1 = ART Outreach Site**
⦿ **MC sites**	**2 = ART Static Site**
⦿1 **MC services initiated**	**3 = Referral laboratory for CD4**

Note: Grey shaded are new ZPCT II sites

Copperbelt Province

District	Health Facility	Type of Facility (Urban / Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	MC
Ndola	1. Ndola Central Hospital	Urban	◆2	◆	◆	◆	◆3		
	2. Arthur Davison Hospital	Urban	◆2		◆	◆	◆3		
	3. Lubuto HC	Urban	◆1	◆	◆	◆	◆3		
	4. Mahatma Gandhi HC	Urban	◆1	◆	◆	◆	◆3		
	5. Chipokota Mayamba HC	Urban	◆1	◆	◆	◆	◆3		
	6. Mushili Clinic	Urban		◆	◆	◆		◆	
	7. Nkwazi Clinic	Urban		◆	◆	◆		◆	
	8. Kawama HC	Urban		◆	◆	◆	◆	◆	
	9. Ndeke HC	Urban		◆	◆	◆		◆	
	10. Dola Hill UC	Urban		◆	◆	◆		◆	
	11. Kabushi Clinic	Urban		◆	◆	◆	◆	◆	⦿1
	12. Kansenshi Prison Clinic	Urban	◆1	◆	◆	◆	◆	◆	
	13. Kaloko Clinic	Urban		◆	◆	◆		◆	
	14. Kaniki Clinic	Urban	◆1	◆	◆	◆		◆	
	15. New Masala Clinic	Urban	◆1	◆	◆	◆	◆3		
	16. Pamodzi-Sathiya Sai Clinic	Urban		◆	◆	◆		◆	
	17. Railway Surgery Clinic	Urban		◆	◆	◆		◆	
	18. Twapia Clinic	Urban	◆1	◆	◆	◆	◆	◆	
	19. Zambia FDS	Urban	◆2	◆	◆	◆		◆	⦿1
Chingola	20. Nchanga N. GH	Urban	◆2	◆	◆	◆	◆3		⦿1
	21. Chiwempala HC	Urban	◆1	◆	◆	◆	◆3		
	22. Kabundi East Clinic	Urban	◆1	◆	◆	◆	◆3		⦿1
	23. Chawama HC	Urban	◆2	◆	◆	◆	◆	◆	⦿1
	24. Clinic 1 HC	Urban	◆1	◆	◆	◆	◆	◆	
	25. Muchinshi Clinic	Rural	◆1	◆	◆	◆		◆	
	26. Kasompe Clinic	Urban		◆	◆	◆		◆	
	27. Mutenda HC	Rural		◆	◆	◆		◆	
Kitwe	28. Kitwe Central Hospital	Urban	◆2	◆	◆	◆	◆3		
	29. Ndeke HC	Urban	◆1	◆	◆	◆	◆3		
	30. Chimwemwe Clinic	Urban	◆1	◆	◆	◆	◆3		
	31. Buchi HC	Urban	◆1	◆	◆	◆	◆3		
	32. Luangwa HC	Urban	◆1	◆	◆	◆	◆3		⦿1
	33. Ipusukilo HC	Urban	◆1	◆	◆	◆	◆	◆	
	34. Bulangililo Clinic	Urban	◆1	◆	◆	◆	◆	◆	⦿1
	35. Twatasha Clinic	Urban		◆	◆	◆		◆	
	36. Garnatone Clinic	Urban			◆	◆		◆	
	37. Itimpi Clinic	Urban		◆	◆	◆		◆	
	38. Kamitondo Clinic	Urban		◆	◆	◆		◆	
	39. Kawama Clinic	Urban	◆1	◆	◆	◆	◆3		
	40. Kwacha Clinic	Urban		◆	◆	◆		◆	
	41. Mindolo 1 Clinic	Urban	◆2	◆	◆	◆	◆	◆	
	42. Mulenga Clinic	Urban	◆1	◆	◆	◆		◆	
	43. Mwaiseni Clinic	Urban		◆	◆	◆		◆	
	44. Wusakile GRZ Clinic	Urban		◆	◆	◆		◆	
	45. ZAMTAN Clinic	Urban	◆1	◆	◆	◆	◆	◆	⦿1
	46. Chavuma Clinic	Urban	◆1	◆	◆	◆	◆	◆	

District	Health Facility	Type of Facility (Urban / Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	MC
	47. Kamfinsa Prison Clinic	Urban	◆2	◆	◆	◆		◆	
	48. Mwekera Clinic	Urban		◆	◆	◆		◆	
	49. ZNS Clinic	Urban	◆1	◆	◆	◆	◆	◆	
	50. Riverside Clinic	Urban	◆2	◆	◆	◆	◆	◆	
Luanshya	51. Thompson DH	Urban	◆2	◆	◆	◆	◆3		
	52. Roan GH	Urban	◆2	◆	◆	◆	◆3		⦿1
	53. Mikomfwa HC	Urban		◆	◆	◆		◆	
	54. Mpatamatu Sec 26 UC	Urban	◆1	◆	◆	◆	◆	◆	
	55. Luanshya Main UC	Urban		◆	◆	◆	◆	◆	
	56. Mikomfwa Urban Clinic	Urban		◆	◆	◆		◆	
Mufulira	57. Kamuchanga DH	Urban	◆2	◆	◆	◆	◆3		⦿1
	58. Ronald Ross GH	Urban	◆2	◆	◆	◆	◆3		⦿1
	59. Clinic 3 Mine Clinic	Urban		◆	◆	◆		◆	
	60. Kansunswa HC	Rural		◆	◆	◆		◆	
	61. Clinic 5 Clinic	Urban		◆	◆	◆		◆	
	62. Mokambo Clinic	Rural		◆	◆	◆		◆	
	63. Suburb Clinic	Urban		◆	◆	◆		◆	
	64. Murundu RHC	Rural		◆	◆	◆		◆	
	65. Chibolya UHC	Urban		◆	◆	◆		◆	
Kalulushi	66. Kalulushi GRZ Clinic	Urban	◆2	◆	◆	◆	◆3		⦿1
	67. Chambeshi HC	Urban	◆1	◆	◆	◆	◆	◆	
	68. Chibuluma Clinic	Urban	◆1	◆	◆	◆		◆	
	69. Chati RHC	Rural		◆	◆	◆			
	70. Ichimpe Clinic	Rural		◆	◆	◆			
Chililabombwe	71. Kakoso District HC	Urban	◆2	◆	◆	◆	◆3		⦿1
	72. Lubengele UC	Urban	◆1	◆	◆	◆		◆	
Lufwanyama	73. Mushingashi RHC	Rural		◆	◆	◆		◆	
	74. Lumpuma RHC	Rural	◆1	◆	◆	◆		◆	
	75. Shimukunami RHC	Rural	◆1	◆	◆	◆	◆3		⦿1
Mpongwe	76. Kayenda RHC	Rural		◆	◆	◆	◆	◆	⦿1
	77. Mikata RHC	Rural		◆	◆	◆	◆	◆	
	78. Ipumba RHC	Rural		◆	◆	◆	◆	◆	
Masaiti	79. Kashitu RHC	Rural		◆	◆	◆		◆	
	80. Jelemani RHC	Rural		◆	◆	◆		◆	
	81. Masaiti Boma RHC	Rural		◆	◆	◆	◆	◆	⦿1
Totals			**43**	**79**	**81**	**81**	**42**	**57**	**16**

ART – Antiretroviral Therapy; CC – Clinical Care; CT – Counseling and Testing; PMTCT – Prevention of Mother to Child Transmission; MC – Male Circumcision

◆ **ZPCT II existing services** ⦿ **MC sites** ⦿1 **MC services initiated**	**1 = ART Outreach Site** **2 = ART Static Site** **3 = Referral laboratory for CD4**

Luapula Province

District	Health Facility	Type of Facility (Urban/ Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	MC
Chienge	1. Puta RHC	Rural	◆2	◆	◆	◆	◆3		
	2. Kabole RHC	Rural	◆2	◆	◆	◆	◆3		⦿1
	3. Chipungu RHC	Rural		◆	◆	◆		◆	
	4. Munkunta RHC	Rural		◆	◆	◆		◆	
	5. Luchinda RHC	Rural							
Kawambwa	6. Kawambwa DH	Rural	◆2	◆	◆	◆	◆3		⦿1
	7. Mbereshi Hospital	Rural	◆2	◆	◆	◆	◆3		⦿1
	8. Kawambwa HC	Rural		◆	◆	◆		◆	
	9. Mushota RHC	Rural		◆	◆	◆		◆	
	10. Munkanta RHC	Rural	◆1	◆	◆	◆		◆	
	11. Kawambwa Tea Co Clinic	Urban		◆	◆	◆		◆	
	12. Kazembe RHC	Rural	◆2	◆	◆	◆	◆3		
	13. Mufwaya RHC	Rural		◆	◆	◆			
Mansa	14. Mansa GH	Urban	◆2	◆	◆	◆	◆3		
	15. Senama HC	Urban	◆1	◆	◆	◆	◆3		⦿1
	16. Central Clinic	Urban	◆2	◆	◆	◆	◆3		⦿1
	17. Matanda RHC	Rural		◆	◆	◆		◆	
	18. Chembe RHC	Rural	◆2	◆	◆	◆	◆3		
	19. Buntungwa RHC	Urban		◆	◆	◆		◆	
	20. Chipete RHC	Rural		◆	◆	◆		◆	
	21. Chisembe RHC	Rural		◆	◆	◆		◆	
	22. Chisunka RHC	Rural		◆	◆	◆		◆	
	23. Fimpulu RHC	Rural		◆	◆	◆		◆	
	24. Kabunda RHC	Rural		◆	◆	◆		◆	
	25. Kalaba RHC	Rural		◆	◆	◆		◆	
	26. Kalyongo RHC	Rural		◆	◆	◆			
	27. Kasoma Lwela RHC	Rural		◆	◆	◆		◆	
	28. Katangwe RHC	Rural		◆	◆	◆			
	29. Kunda Mfumu RHC	Rural		◆	◆	◆		◆	
	30. Luamfumu RHC	Rural	◆2	◆	◆	◆	◆3		⦿1
	31. Mabumba RHC	Rural		◆	◆	◆		◆	
	32. Mano RHC	Rural		◆	◆	◆		◆	
	33. Mantumbusa RHC	Rural		◆	◆	◆		◆	
	34. Mibenge RHC	Rural		◆	◆	◆		◆	
	35. Moloshi RHC	Rural		◆	◆	◆		◆	
	36. Mutiti RHC	Rural		◆	◆	◆		◆	
	37. Muwang'uni RHC	Rural		◆	◆	◆		◆	
	38. Ndoba RHC	Rural		◆	◆	◆		◆	
	39. Nsonga RHC	Rural		◆	◆	◆		◆	
	40. Paul Mambilima RHC	Rural		◆	◆	◆		◆	
	41. Lukola RHC	Rural		◆	◆	◆			
	42. Lubende RHC	Rural		◆	◆	◆			
	43. Kansenga RHC	Rural							
Milenge	44. Mulumbi RHC	Rural		◆	◆	◆		◆	
	45. Milenge East 7 RHC	Rural	◆2	◆	◆	◆	◆		
	46. Kapalala RHC	Rural		◆	◆	◆			
	47. Sokontwe RHC								

District	Health Facility	Type of Facility (Urban/ Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	MC
Mwense	48. Mambilima HC (CHAZ)	Rural	◆1	◆	◆	◆	◆3		
	49. Mwense Stage II HC	Rural	◆1	◆	◆	◆	◆3		
	50. Chibondo RHC	Rural			◆	◆		◆	
	51. Chipili RHC	Rural		◆	◆	◆		◆	
	52. Chisheta RHC	Rural		◆	◆	◆		◆	
	53. Kalundu RHC	Rural			◆	◆			
	54. Kaoma Makasa RHC	Rural		◆	◆	◆		◆	
	55. Kapamba RHC	Rural		◆	◆	◆		◆	
	56. Kashiba RHC	Rural		◆	◆	◆		◆	
	57. Katuta Kampemba RHC	Rural		◆	◆	◆		◆	
	58. Kawama RHC	Rural		◆	◆	◆		◆	
	59. Lubunda RHC	Rural		◆	◆	◆		◆	
	60. Lukwesa RHC	Rural	◆2	◆	◆	◆		◆	
	61. Luminu RHC	Rural			◆	◆		◆	
	62. Lupososhi RHC	Rural			◆	◆			
	63. Mubende RHC	Rural		◆	◆	◆		◆	
	64. Mukonshi RHC	Rural		◆	◆	◆		◆	
	65. Mununshi RHC	Rural		◆	◆	◆		◆	
	66. Mupeta RHC	Rural			◆	◆			
	67. Musangu RHC	Rural	◆2	◆	◆	◆	◆3		
	68. Mutipula RHC	Rural			◆	◆			
	69. Mwenda RHC	Rural	◆2	◆	◆	◆	◆3		
Nchelenge	70. Nchelenge RHC	Rural	◆2	◆	◆	◆		◆	
	71. Kashikishi RHC	Rural	◆2	◆	◆	◆	◆3		
	72. Chabilikila RHC	Rural	◆2	◆	◆	◆		◆	
	73. Kabuta RHC	Rural	◆2	◆	◆	◆		◆	⦿1
	74. Kafutuma RHC	Rural	◆2	◆	◆	◆		◆	
	75. Kambwali RHC	Rural	◆2	◆	◆	◆		◆	
	76. Kanyembo RHC	Rural	◆2	◆	◆	◆		◆	
	77. Chisenga RHC	Rural	◆1	◆	◆	◆		◆	
	78. Kilwa RHC	Rural	◆1	◆	◆	◆		◆	
	79. St. Paul's Hospital (CHAZ)	Rural	◆2	◆	◆	◆	◆3		
	80. Kabalenge RHC	Rural							
Samfya	81. Lubwe Mission Hospital (CHAZ)	Rural	◆2	◆	◆	◆	◆3		
	82. Samfya Stage 2 Clinic	Rural	◆1	◆	◆	◆	◆3		⦿1
	83. Kasanka RHC	Rural	◆1	◆	◆	◆		◆	
	84. Shikamushile RHC	Rural		◆	◆	◆	◆3		
	85. Kapata East 7 RHC	Rural		◆	◆	◆		◆	
	86. Kabongo RHC	Rural		◆	◆	◆		◆	
Totals			**30**	**76**	**82**	**82**	**20**	**52**	**8**

ART – Antiretroviral Therapy; CC – Clinical Care; CT – Counseling and Testing; PMTCT – Prevention of Mother to Child Transmission; MC – Male Circumcision

◆ **ZPCT II existing services**	**1 = ART Outreach Site**
⦿ **MC sites**	**2 = ART Static Site**
⦿1 **MC services initiated**	**3 = Referral laboratory for CD4**

Note: Grey shaded are new ZPCT II sites

Muchinga Province

District	Health Facility	Type of Facility (Urban/ Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	MC
Nakonde	1. Nakonde RHC	Rural	◆2	◆	◆	◆	◆3		⦿1
	2. Chilolwa RHC	Rural		◆	◆	◆		◆	
	3. Waitwika RHC	Rural		◆	◆	◆		◆	
	4. Mwenzo RHC	Rural		◆	◆	◆		◆	
	5. Ntatumbila RHC	Rural	◆1	◆	◆	◆		◆	
	6. Chozi RHC	Rural	◆2	◆	◆	◆		◆	
	7. Chanka RHC	Rural		◆	◆	◆			
	8. Shem RHC	Rural		◆	◆	◆			
Mpika	9. Mpika DH	Urban	◆2	◆	◆	◆	◆3		⦿1
	10. Mpika HC	Urban		◆	◆	◆		◆	
	11. Mpepo RHC	Rural		◆	◆	◆	◆	◆	
	12. Chibansa RHC	Rural		◆	◆	◆	◆	◆	
	13. Mpumba RHC	Rural		◆	◆	◆		◆	
	14. Mukungule RHC	Rural		◆	◆	◆		◆	
	15. Mpika TAZARA	Rural	◆2	◆	◆	◆		◆	
	16. Muwele RHC	Rural		◆	◆	◆			
	17. Lukulu RHC	Rural		◆	◆	◆			
	18. ZCA Clinic	Rural		◆	◆	◆			
	19. Chikakala RHC	Rural		◆	◆	◆			
Chinsali	20. Chinsali DH	Urban	◆2	◆	◆	◆	◆3		⦿1
	21. Chinsali HC	Urban		◆	◆	◆		◆	
	22. Matumbo RHC	Rural		◆	◆	◆		◆	
	23. Shiwa Ng'andu RHC	Rural		◆	◆	◆			
	24. Lubwa RHC	Rural		◆	◆	◆	◆		
	25. Mundu RHC	Rural		◆	◆	◆			
	26. Mwika RHC	Rural							
Isoka	27. Isoka DH	Urban	◆2	◆	◆	◆	◆3		⦿1
	28. Isoka UHC	Urban		◆	◆	◆	◆	◆	
	29. Kalungu RHC	Rural	◆2	◆	◆	◆		◆	
	30. Kampumbu RHC	Rural		◆	◆	◆			
	31. Kafwimbi RHC	Rural		◆	◆	◆			
Mafinga	32. Muyombe	Rural	◆1	◆	◆	◆	◆	◆	
	33. Thendere RHC	Rural		◆	◆	◆			
Totals			**9**	**32**	**32**	**32**	**9**	**16**	**4**

ART – Antiretroviral Therapy; CC – Clinical Care; CT – Counseling and Testing; PMTCT – Prevention of Mother to Child Transmission; MC – Male Circumcision

◆ **ZPCT II existing services**	**1 = ART Outreach Site**
⦿ **MC sites**	**2 = ART Static Site**
⦿1 **MC services initiated**	**3 = Referral laboratory for CD4**

Note: Grey shaded are new ZPCT II sites

Northern Province

District	Health Facility	Type of Facility (Urban/ Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	MC
Kasama	1. Kasama GH	Urban	◆2	◆	◆	◆	◆3		
	2. Kasama UHC	Urban	◆2	◆	◆	◆	◆	◆	
	3. Location UHC	Urban	◆1	◆	◆	◆	◆3		
	4. Chilubula (CHAZ)	Rural	◆2	◆	◆	◆	◆3		
	5. Lukupa RHC	Rural	◆2	◆	◆	◆	◆	◆	
	6. Lukashya RHC	Rural		◆	◆	◆		◆	
	7. Misengo RHC	Rural		◆	◆	◆		◆	
	8. Chiongo RHC	Rural		◆	◆	◆		◆	
	9. Chisanga RHC	Rural	◆2	◆	◆	◆		◆	
	10. Mulenga RHC	Rural		◆	◆	◆		◆	
	11. Musa RHC	Rural		◆	◆	◆		◆	
	12. Kasama Tazara	Rural		◆	◆	◆		◆	
	13. Lubushi RHC (CHAZ)	Rural		◆	◆	◆		◆	
Mbala	14. Mbala GH	Urban	◆2	◆	◆	◆	◆3		⦿1
	15. Mbala UHC	Urban		◆	◆	◆		◆	
	16. Tulemane UHC	Urban	◆1	◆	◆	◆	◆	◆	
	17. Senga Hills RHC	Rural	◆1	◆	◆	◆	◆	◆	
	18. Chozi Mbala Tazara RHC	Rural		◆	◆	◆		◆	
	19. Mambwe RHC (CHAZ)	Rural		◆	◆	◆	◆	◆	
	20. Mpande RHC	Rural		◆	◆	◆			
	21. Mwamba RHC	Rural		◆	◆	◆			
	22. Nondo RHC	Rural		◆	◆	◆			
	23. Nsokolo RHC	Rural		◆	◆	◆			
	24. Kawimbe RHC	Rural		◆	◆	◆			
Mpulungu	25. Mpulungu HC	Urban	◆1	◆	◆	◆	◆3		⦿
	26. Isoko RHC	Rural		◆	◆	◆			
	27. Chinakila RHC	Rural		◆	◆	◆			
Mporokoso	28. Mporokoso DH	Urban	◆2	◆	◆	◆	◆3		⦿1
	29. Mporokoso UHC	Urban	◆1	◆	◆	◆	◆	◆	
Luwingu	30. Luwingu DH	Urban	◆2	◆	◆	◆	◆3		⦿1
	31. Namukolo Clinic	Urban		◆	◆	◆		◆	
Kaputa	32. Kaputa RHC	Rural	◆2	◆	◆	◆	◆3		⦿1
	33. Nsumbu RHC	Rural		◆	◆	◆	◆	◆	
	34. Kampinda RHC			◆	◆	◆	◆	◆	
	35. Kalaba RHC			◆	◆	◆	◆	◆	
Mungwi	36. Chitimukulu RHC	Rural		◆	◆	◆		◆	
	37. Malole RHC	Rural		◆	◆	◆		◆	
	38. Nseluka RHC	Rural	◆2	◆	◆	◆		◆	
	39. Chimba RHC	Rural		◆	◆	◆		◆	
	40. Kapolyo RHC	Rural		◆	◆	◆		◆	
	41. Mungwi RHC (CHAZ)	Rural	◆2	◆	◆	◆	◆		⦿1
	42. Makasa RHC	Rural		◆	◆	◆			
Chilubi Island	43. Chaba RHC	Rural		◆	◆	◆		◆	
	44. Chilubi Island RHC	Rural	◆2	◆	◆	◆	◆		

District	Health Facility	Type of Facility (Urban/ Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	MC
	45. Matipa RHC	Rural		◆	◆	◆		◆	
Totals			**17**	**45**	**45**	**45**	**17**	**27**	**6**

ART – Antiretroviral Therapy; CC – Clinical Care; CT – Counseling and Testing; PMTCT – Prevention of Mother to Child Transmission; MC – Male Circumcision

◆ **ZPCT II existing services**	**1 = ART Outreach Site**
⦿ **MC sites**	**2 = ART Static Site**
⦿[1] **MC services initiated**	**3 = Referral laboratory for CD4**

North-Western Province

District	Health Facility	Type of Facility (Urban/ Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	MC
Solwezi	1. Solwezi UHC	Urban	◆[2]	◆	◆	◆	◆[3]		
	2. Solwezi GH	Urban	◆[2]	◆	◆	◆	◆[3]		
	3. Mapunga RHC	Rural		◆	◆	◆		◆	
	4. St. Dorothy RHC	Rural	◆[1]	◆	◆	◆	◆	◆	
	5. Mutanda HC	Rural		◆	◆	◆		◆	
	6. Maheba D RHC	Rural		◆	◆	◆	◆	◆	
	7. Mumena RHC	Rural		◆	◆	◆		◆	
	8. Kapijimpanga HC	Rural		◆	◆	◆		◆	
	9. Kanuma RHC	Rural		◆	◆	◆			
	10. Kyafukuma RHC	Rural		◆	◆	◆		◆	
	11. Lwamala RHC	Rural		◆	◆	◆		◆	
	12. Kimasala RHC			◆	◆	◆			
	13. Lumwana East RHC			◆	◆	◆			
	14. Maheba A RHC			◆	◆	◆			
Kabompo	15. Kabompo DH	Urban	◆[2]	◆	◆	◆	◆[3]		⦿[1]
	16. St. Kalemba (CHAZ)	Rural	◆[1]	◆	◆	◆	◆[3]		
	17. Mumbeji RHC	Rural		◆	◆	◆		◆	⦿[1]
	18. Kasamba RHC	Rural		◆	◆	◆		◆	
	19. Kabulamema RHC	Rural		◆	◆	◆			
	20. Dyambombola RHC	Rural		◆	◆	◆			
	21. Kayombo RHC	Rural		◆	◆	◆			
Zambezi	22. Zambezi DH	Urban	◆[2]	◆	◆	◆	◆[3]		⦿[1]
	23. Zambezi UHC	Urban			◆	◆		◆	
	24. Mize HC	Rural		◆	◆	◆		◆	
	25. Chitokoloki (CHAZ)	Urban	◆[1]	◆	◆	◆	◆[3]		
	26. Mukandakunda RHC	Rural		◆	◆	◆			
	27. Nyakulenga RHC	Rural		◆	◆	◆			
	28. Chilenga RHC	Rural		◆	◆	◆			
	29. Kucheka RHC	Rural		◆	◆	◆			
	30. Mpidi RHC	Rural		◆	◆	◆			
Mwinilunga	31. Mwinilunga DH	Urban	◆[2]	◆	◆	◆	◆[3]		⦿[1]
	32. Kanyihampa HC	Rural		◆	◆	◆		◆	
	33. Luwi (CHAZ)	Rural	◆[1]	◆	◆	◆	◆[3]		
	34. Lwawu RHC	Rural		◆	◆	◆			
	35. Nyangombe RHC	Rural		◆	◆	◆			
	36. Sailunga RHC	Rural		◆	◆	◆			
	37. Katyola RHC	Rural		◆	◆	◆			
	38. Chiwoma RHC	Rural		◆	◆	◆			
	39. Lumwana West RHC	Rural		◆	◆	◆			
	40. Kanyama RHC	Rural		◆	◆	◆			
Ikelenge	41. Ikelenge RHC	Rural		◆	◆	◆		◆	⦿[1]
	42. Kafweku RHC			◆	◆	◆			
Mufumbwe	43. Mufumbwe DH	Rural	◆[1]	◆	◆	◆	◆[3]		⦿[1]
	44. Matushi RHC	Rural		◆	◆	◆		◆	
	45. Kashima RHC	Rural		◆	◆	◆			

District	Health Facility	Type of Facility (Urban/ Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	MC
	46. Mufumbwe Clinic	Rural		◆	◆	◆		◆	
Chavuma	47. Chiyeke RHC	Rural	◆1	◆	◆	◆	◆3		⦿1
	48. Chivombo RHC	Rural		◆	◆	◆		◆	
	49. Chiingi RHC	Rural		◆	◆	◆		◆	
	50. Lukolwe RHC	Rural		◆	◆	◆	◆	◆	
	51. Nyatanda RHC	Rural		◆	◆	◆			
Kasempa	52. Kasempa UC	Urban	◆1	◆	◆	◆	◆3		⦿1
	53. Nselauke RHC	Rural		◆	◆	◆		◆	
	54. Kankolonkolo RHC	Rural		◆	◆	◆			
	55. Lunga RHC	Rural		◆	◆	◆			
	56. Dengwe RHC	Rural		◆	◆	◆			
	57. Kamakechi RHC	Rural		◆	◆	◆			
Totals			**12**	**56**	**57**	**57**	**14**	**20**	**8**

ART – Antiretroviral Therapy; CC – Clinical Care; CT – Counseling and Testing; PMTCT – Prevention of Mother to Child Transmission; MC – Male Circumcision

◆ **ZPCT II existing services**	**1 = ART Outreach Site**
⦿ **MC sites**	**2 = ART Static Site**
⦿1 **MC services initiated**	**3 = Referral laboratory for CD4**

ANNEX E: ZPCT II Private Sector Facilities and Services

District	Health Facility	Type of Facility (Urban/ Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	MC
Central Province									
Kabwe	1. Kabwe Medical Centre	Urban		◆	◆	◆	◆		
	2. Mukuni Insurance Clinic	Urban			◆	◆	◆		
	3. Provident Clinic	Urban		◆	◆	◆	◆		
Mkushi	4. Tusekelemo Medical Centre	Urban	◆	◆	◆	◆	◆		
Copperbelt Province									
Ndola	5. Hilltop Hospital	Urban	◆	◆	◆	◆	◆	◆	
	6. Maongo Clinic	Urban	◆	◆	◆	◆	◆	◆	
	7. Chinan Medical Centre	Urban	◆	◆	◆	◆	◆	◆	
	8. Telnor Clinic	Urban	◆	◆	◆	◆	◆	◆	
	9. Dr Bhatt's	Urban	◆		◆	◆		◆	
	10. ZESCO	Urban	◆		◆	◆	◆	◆	
	11. Medicross Medical Center	Urban	◆		◆	◆	◆	◆	
Kitwe	12. Company Clinic	Urban	◆	◆	◆	◆	◆[3]		
	13. Hillview Clinic	Urban	◆	◆	◆	◆	◆	◆	
	14. Kitwe Surgery	Urban	◆	◆	◆	◆		◆	
	15. CBU Clinic	Urban	◆	◆	◆	◆	◆	◆	
	16. SOS Medical Centre	Urban	◆		◆	◆	◆[3]		
	17. Tina Medical Center	Urban	◆	◆	◆	◆	◆[3]		
	18. Carewell Oasis clinic	Urban	◆	◆	◆	◆	◆	◆	
	19. Springs of Life Clinic	Urban	◆	◆	◆	◆		◆	
	20. Progress Medical Center	Urban	◆	◆	◆	◆	◆	◆	
Luapula Province									
Mwense	21. ZESCO Musonda Falls	Rural	◆	◆	◆	◆			
North-Western Province									
Solwezi	22. Hilltop Hospital	Urban	◆	◆	◆	◆	◆		⦿[1]
	23. Solwezi Medical Centre	Urban	◆	◆	◆	◆	◆		⦿[1]
	24. St. Johns Hospital	Urban	◆	◆	◆	◆	◆		⦿[1]
Totals			**21**	**19**	**24**	**24**	**20**	**13**	**3**

ART – Antiretroviral Therapy; CC – Clinical Care; CT – Counseling and Testing; PMTCT – Prevention of Mother to Child Transmission; MC – Male Circumcision

◆ **ZPCT II existing services**	**1 = ART Outreach Site**
⦿ **MC sites**	**2 = ART Static Site**
⦿[1] **MC services initiated**	**3 = Referral laboratory for CD4**